The Millennium Development Goals Report

2008

UNITED NATIONS

This report is based on a master set of data that has been compiled by an Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs of the United Nations Secretariat, in response to the wishes of the General Assembly for periodic assessment of progress towards the MDGs. The Group comprises representatives of the international organizations whose activities include the preparation of one or more of the series of statistical indicators that were identified as appropriate for monitoring progress towards the MDGs, as reflected in the list below. A number of national statisticians and outside expert advisers also contributed.

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UNITED NATIONS

NEW YORK, 2008

END POVERTY 2015 MILLENNIUM DEVELOPMENT GOALS *Make it happen*

Foreword

In adopting the Millennium Declaration in the year 2000, the international community pledged to "spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty." We are now more than halfway towards the target date – 2015 – by which the Millennium Development Goals are to be achieved.

The MDGs encapsulate the development aspirations of the world as a whole. But they are not only development objectives; they encompass universally accepted human values and rights such as freedom from hunger, the right to basic education, the right to health and a responsibility to future generations. We have made important progress towards all eight goals, but we are not on track to fulfil our commitments. This report quantifies the achievements that have been registered and provides a measure of the tasks that remain.

These tasks have now become more challenging because the largely benign development environment that has prevailed since the early years of this decade, and that has contributed to the successes to date, is now threatened. We face a global economic slowdown and a food security crisis, both of uncertain magnitude and duration. Global warming has become more apparent. These developments will directly affect our efforts to reduce poverty: the economic slowdown will diminish the incomes of the poor; the food crisis will raise the number of hungry people in the world and push millions more into poverty; climate change will have a disproportionate impact on the poor. The need to address these concerns, pressing as they are, must not be allowed to detract from our long-term efforts to achieve the MDGs. On the contrary, our strategy must be to keep the focus on the MDGs as we confront these new challenges.

Some of the recent adverse developments reflect a failure to give these matters sufficient attention in the past. The imminent threat of increased hunger would have been lessened if recent decades had not been marked by a lack of investment in agricultural and rural development in developing countries. Climate change would be a less immediate threat if we had kept pace with commitments to sustainable development enunciated again and again over the years. And the current global financial turmoil reveals systemic weaknesses that we have known about – and left inadequately addressed – for some time now.

The current troubled climate poses a risk that some advances in reducing poverty may unravel. There could also be setbacks with regard to other MDGs. Some gains, however, cannot be undone. A child will forever benefit from the primary education he or she might not otherwise have received. Many individuals are alive today thanks to a measles vaccination or antiretroviral therapy for AIDS. Millions of tons of ozone-depleting substances have been prevented from entering the atmosphere. External debts have been written-off, freeing resources for development. These and other examples provide ample evidence of what can and has been achieved with sound strategies backed by political will and financial and technical support.

Looking ahead to 2015 and beyond, there is no question that we can achieve the overarching goal: we can put an end to poverty. In almost all instances, experience has demonstrated the validity of earlier agreements on the way forward; in other words, we know what to do. But it requires an unswerving, collective, long-term effort. Time has been lost. We have wasted opportunities and face additional challenges, making the task ahead more difficult. It is now our responsibility to make up lost ground – and to put all countries, together, firmly on track towards a more prosperous, sustainable and equitable world.

BAN KI-MOON
Secretary-General, United Nations

Overview

The eight Millennium Development Goals have been adopted by the international community as a framework for the development activities of over 190 countries in ten regions; they have been articulated into over 20 targets and over 60 indicators. This Report summarizes progress towards the goals in each of the regions. However, any such synthesis inevitably masks the range and variety of development experiences in individual countries since the goals were adopted.

Mid-point shows some key successes

The single most important success to date has been the unprecedented breadth and depth of the commitment to the MDGs – a global collective effort that is unsurpassed in 50 years of development experience. It is not only governments of developing countries and the international community that have adopted the MDGs as their framework for international development cooperation, but also the private sector and, critically, civil society in both developed and developing countries. Besides being advocates for the MDGs, private foundations in the developed countries have become an important source of funding for a wide range of activities intended to achieve them. NGOs in developing countries are increasingly engaged in undertaking these activities, as well as in monitoring the outcomes.

This global collective effort is yielding results. Adding more recent data to those contained in earlier Reports largely confirms the patterns identified previously. There has been sound progress in some MDG areas, even in some of the more challenging regions, and a number of targets are expected to be reached by their target dates, mostly 2015:

- The overarching goal of reducing absolute poverty by half is within reach for the world as a whole;
- In all but two regions, primary school enrolment is at least 90 per cent;
- The gender parity index in primary education is 95 per cent or higher in six of the 10 regions, including the most populous ones;
- Deaths from measles fell from over 750,000 in 2000 to less than 250,000 in 2006, and about 80 per cent of children in developing countries now receive a measles vaccine;
- The number of deaths from AIDS fell from 2.2 million in 2005 to 2.0 million in 2007, and the number of people newly infected declined from 3.0 million in 2001 to 2.7 million in 2007;
- Malaria prevention is expanding, with widespread increases in insecticide-treated net use among children under five in sub-Saharan Africa: in 16 out of 20 countries, use has at least tripled since around 2000.
- The incidence of tuberculosis is expected to be halted and begin to decline before the target date of 2015;
- Some 1.6 billion people have gained access to safe drinking water since 1990;
- The use of ozone-depleting substances has been almost eliminated and this has contributed to the effort to reduce global warming;
- The share of developing countries' export earnings devoted to servicing external debt fell from 12.5 per cent in 2000 to 6.6 per cent in 2006, allowing them to allocate more resources to reducing poverty;
- The private sector has increased the availability of some critical essential drugs and rapidly spread mobile phone technology throughout the developing world.

Some of these successes have been achieved by means of targeted interventions or programmes – such as the delivery of bed-nets, drugs and vaccines, and mobile phones. For example, the production of insecticide-treated mosquito nets rose from 30 million in 2004 to 95 million in 2007, the number of people living with HIV in developing countries who received antiretroviral treatment increased by almost 1 million in 2007, and there were over 60 million new mobile telephone subscribers in Africa in 2006.

Achieving some other goals or targets, such as reducing maternal mortality, will depend on country-wide systems of qualified and adequately equipped personnel and an effective institutional infrastructure. Building these capacities requires strong political commitment and adequate funding over a longer period before the effects become visible. To address these needs, external assistance to MDG-oriented social sector activities has increased, to some extent at the cost of building productive capacity and physical infrastructure, including in agriculture. Increased attention to sectors directly related to the MDGs has often produced results, but should occur without depriving other important sectors of needed resources. Providing all the assistance that is necessary will require delivery of the additional official development assistance (ODA) that has been promised and cannot be achieved by reallocating resources among different sectors.

Greater effort is required in other areas

Alongside the successes are an array of goals and targets that are likely to be missed unless additional, strengthened or corrective action is taken urgently:

- The proportion of people in sub-Saharan Africa living on less than $1 per day is unlikely to be reduced by the target of one-half;
- About one quarter of all children in developing countries are considered to be underweight and are at risk of having a future blighted by the long-term effects of undernourishment;
- Of the 113 countries that failed to achieve gender parity in both primary and secondary school enrolment by the target date of 2005, only 18 are likely to achieve the goal by 2015;
- Almost two thirds of employed women in the developing world are in vulnerable jobs as own-account or unpaid family workers;
- In one third of developing countries, women account for less than 10 per cent of parliamentarians;
- More than 500,000 prospective mothers in developing countries die annually in childbirth or of complications from pregnancy;
- Some 2.5 billion people, almost half the developing world's population, live without improved sanitation;
- More than one third of the growing urban population in developing countries live in slum conditions;
- Carbon dioxide emissions have continued to increase, despite the international timetable for addressing the problem;
- Developed countries' foreign aid expenditures declined for the second consecutive year in 2007 and risk falling short of the commitments made in 2005;
- International trade negotiations are years behind schedule and any outcome seems likely to fall far short of the initial high hopes for a development-oriented outcome.

Addressing the multiple dimensions of poverty

Taken together, the results achieved to date highlight, once again, the multifaceted nature of poverty, the interactions of its various causes and manifestations and the wide-ranging and mutually reinforcing nature of the actions that have to be taken. The poor are not only those with the lowest incomes but also those who are the most deprived of health, education and other aspects of human well-being. Poor mothers are more likely to die in childbirth; children of poor families are more likely to be malnourished and are correspondingly more susceptible to an early death from childhood diseases; poor children receive less education and some may receive none at all; and gender imbalances are more pronounced among the poor, excluding them from recognized development benefits and opportunities. These characteristics, in turn, perpetuate income poverty. For the poor more than others, incomes are likely to be adversely affected by conflict, natural disasters and economic fluctuations, as well as the recent increases in food prices and the increasingly visible effects of global warming.

Overall, most poor people are caught in a vicious circle. Breaking this circle requires an array of simultaneous actions: a single intervention is unlikely to be sufficient. Governments should ensure that poverty reduction is mainstreamed into all policies, ranging from national macroeconomic strategy to local-level administrative actions. Particular attention should be paid to the creation of additional opportunities for decent work. Public investment and public institutions should endeavour to target the poor, particularly in their expenditures on education, health and infrastructure.

Ensuring gender equality and empowering women in all respects – desirable objectives in themselves – are required to combat poverty, hunger and disease and to ensure sustainable development. The limited progress in empowering women and achieving gender equality is a pervasive shortcoming that extends beyond the goal itself. Relative neglect of, and de facto bias against, women and girls continues to prevail in most countries. As an indispensable starting point for women's betterment in later life, all countries that failed to achieve gender parity in primary and secondary enrolment by the target year of 2005 should make a renewed effort to do so as soon as possible. Improved support for women's self-employment, and rights to land and other assets, are key to countries' economic development. Above all, however, achieving gender equality requires that women have an equal role with men in decision-making at all levels, from the home to the pinnacles of economic and political power.

People living in rural areas are furthest from achieving several of the MDGs in most regions. The rural population is suffering from the cumulative neglect of agriculture over the years, but it is also disadvantaged because progress towards several of the MDGs depends on government institutions, services and support, such as schools, health facilities, agricultural extension and physical infrastructure, as well as trade and interchange with others. Such facilities are usually less readily available in rural areas, and much of the rural population remains trapped in their own circle of poverty. The emergence of a world food crisis has served to highlight, once again, the need to give greater attention to developing the agricultural sector and addressing the needs of the rural population.

The hardship of rural life is encouraging migration to towns and cities, with the result that approximately half the world's population is now living in urban areas. This has, however, not necessarily resulted in either an escape from poverty or better progress towards the MDGs. In 2005, for example, slightly more than one third of the urban population in developing regions lived in slum conditions, with the associated problems of inadequate water and sanitation facilities, and lack of social infrastructure, including for health and education.

Despite the global focus on the MDGs and the impressive results achieved in some areas, the results to date show that, in most countries, there are usually segments of society that do not share in the benefits without targeted actions to reach them. The MDGs are universal: they are intended to embrace not only all countries but also all people within each country. Government and other actors should therefore pay special attention to any and all at risk of being bypassed by the progress towards the MDGs.

Looking ahead to 2015

It is only in the past few years that MDG-related data for the period since 2000 have become available. Encouragingly, for many variables, the data show accelerated progress since that date. This suggests that the Millennium Declaration and related undertakings did make a difference to development accomplishments. It equally implies that trends from 1990 to 2000 provide a poor basis from which to extrapolate outcomes in 2015. But the data do not yet show the effects of the present deterioration in global development prospects. A greater effort will be required to achieve the MDGs if the economic situation of the developing countries weakens significantly. In such a case, the recently improved progress towards the MDGs would also no longer be a good indicator of future prospects.

Most developing countries' efforts to achieve the MDGs have benefited from the improved economic growth and relatively low inflation that characterized much of the period since 2000. The immediate prospects are for reduced global growth and higher inflation. Both threaten continued success in reducing income poverty and are likely to affect progress towards other MDGs unless there is a commensurate response from all stakeholders.

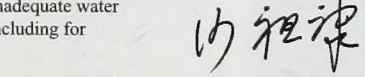
A first component of this response is to ensure that the present course of action is accelerated and expanded so that recent progress is sustained and broadened. All stakeholders should renew their commitment to the wide range of interrelated activities that are already contributing to progress towards the MDGs around the world. Successful policies, programmes and projects should be expanded wherever and whenever appropriate.

At the same time, national governments and the international community need to respond to the lessons of experience and to adjust to changing circumstances. Additional resources have to be mobilized by both the developed and the developing countries to address longstanding and long-term challenges pertaining to agriculture, rural development, infrastructure and environmental sustainability, including climate change. The current food crisis calls for special attention to be given to the potential escalation in hunger and malnutrition.

This agenda will require a sustained and wide-ranging effort over a period that extends until 2015 and beyond. The task is broad and complex, but the progress achieved to date demonstrates that success is feasible with sound strategies and the political will. The latter must, however, include a greater financial commitment. Despite the potentially less favourable economic conditions, the developed countries must honour their undertaking to provide substantial increases in ODA and generally foster an international environment more conducive to development.

* * * * *

All citizens of the world, especially the poor and the most vulnerable, have a right to expect that their leaders will fulfil the commitments made in 2000. This is possible if governments, together with civil society, the private sector, the United Nations system and other international organizations, commit to building on the momentum and tackling the challenges that are evident from this Report.



SHA ZUKANG
Under-Secretary-General for Economic and Social Affairs

Goal 1
Eradicate extreme poverty & hunger

TARGET

Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day

Higher food prices may push 100 million people deeper into poverty

New data, based on the latest estimates of the cost of living in developing countries, may change our view of the scale and distribution of global poverty (see box). But the continuing economic growth in all developing regions suggests that the downward trend in poverty continued through 2007. The goal of cutting in half the proportion of people in the developing world living on less than $1 a day by 2015 remains within reach. However, this achievement will be due largely to extraordinary economic success in most of Asia. In contrast, previous estimates suggest that little progress was made in reducing extreme poverty in sub-Saharan Africa. In Western Asia, poverty rates were relatively low but increasing. And the transition economies of the Commonwealth of Independent States (CIS) and South-Eastern Europe were still recovering from the rise in poverty in the early 1990s.

Since 2002, one of the factors contributing to growth in many developing countries, notably in sub-Saharan Africa but also in Western Asia and Latin America, has been the increased prices of commodities, including oil. For exporters, this has been a boon. But higher commodity prices, particularly oil prices, have dampened growth in countries importing these products. Many are among the poorest countries in the world.

The recent increases in the price of food have had a direct and adverse effect on the poor. Poor people who do not produce their own food are the most severely hurt because a larger proportion of their expenditure is allocated to food. Higher food prices limit their ability to obtain not only food but also other essential goods and services, including education and health care. Most of the urban poor and the landless rural poor are in this position. Poor farmers, on the other hand, can benefit from higher food prices if they are able to produce more than they consume. But many lack the resources to do so, in part because higher oil prices have raised the cost of fertilizer. Overall, higher food prices are expected to push many more people into absolute poverty, with estimates suggesting that the increase will be as many as 100 million. Most of the increase will occur in sub-Saharan Africa and Southern Asia, already the regions with the largest numbers of people living in extreme poverty.

New measures of poverty in the world

Since 1990, extreme poverty in the developing world has been measured by a standard representing the poverty lines found among the poorest countries of the world. Originally set at $1 a day in 1985 prices, the international poverty line was subsequently revised to a $1.08 a day, measured in terms of 1993 purchasing power parity (PPP).

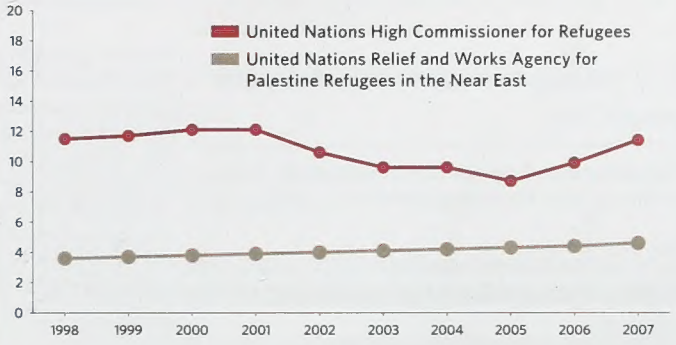
A larger set of price surveys, conducted within the International Comparison Programme, is now available; this has allowed the comparison of the purchasing power of many more countries. Published in early 2008, the results of this comparison indicate a large revision to the previous estimates of price levels and, therefore, in the estimates of the real sizes of some economies in the developing regions. The World Bank is using the new estimates of PPP to revalue the international poverty line and prepare new estimates of poverty in low- and middle-income economies.

The surveys found price levels in many developing countries to be higher than previously estimated, so that the real size of their economies is correspondingly smaller than previously thought. Equally, the higher prices mean that estimates of both the number of people living in poverty and poverty rates will increase for some regions. These new measures are likely to change the assessment of the extent and distribution of global poverty, but the rate of decrease in poverty is expected to be similar to, or faster than, previously estimated.

These improved and more comprehensive estimates of poverty are a leading example of the many important statistical developments of recent years that will improve our understanding of progress towards the Millennium Development Goals.

Conflict leaves many displaced and impoverished

Refugees under the responsibility of the United Nations, 1998-2007 (Millions)



Conflict continues to displace people from their homes and drive them into poverty. One indication of the impact of conflict is the number of refugees worldwide, which has increased significantly over the last few years, primarily because of the conflict in Iraq. More than 42 million people are currently displaced by conflict or persecution, both within and outside the borders of their own countries. Of these, 16 million are refugees, including 11.4 million who fall under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and 4.6 million who are under the aegis of the United Nations Relief and Works Agency for Palestine Refugees in the Near East. In addition, more than 26 million people have been uprooted by violence or persecution but remain within the borders of their own countries.

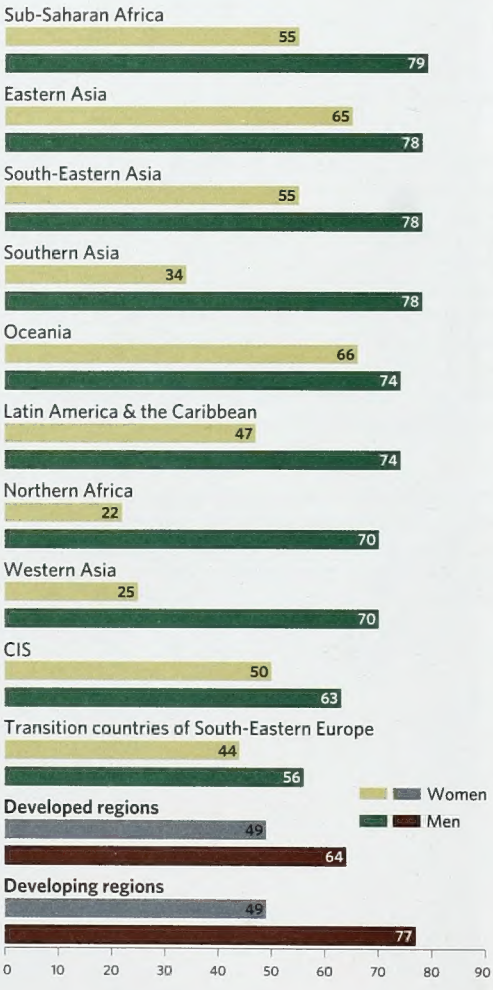
Southern and Western Asia and sub-Saharan Africa are home to the largest populations of refugees. In Lebanon and Jordan, refugees constitute 10 per cent or more of the population. In Iraq and Somalia, one in 10 is internally displaced. What these numbers fail to convey is the extent to which conflict gives rise to poverty among people who have no direct involvement in the dispute.

TARGET

Achieve full and productive employment and decent work for all, including women and young people

Full employment remains a distant possibility

Proportion of working-age population that is employed, 2007 (Percentage)



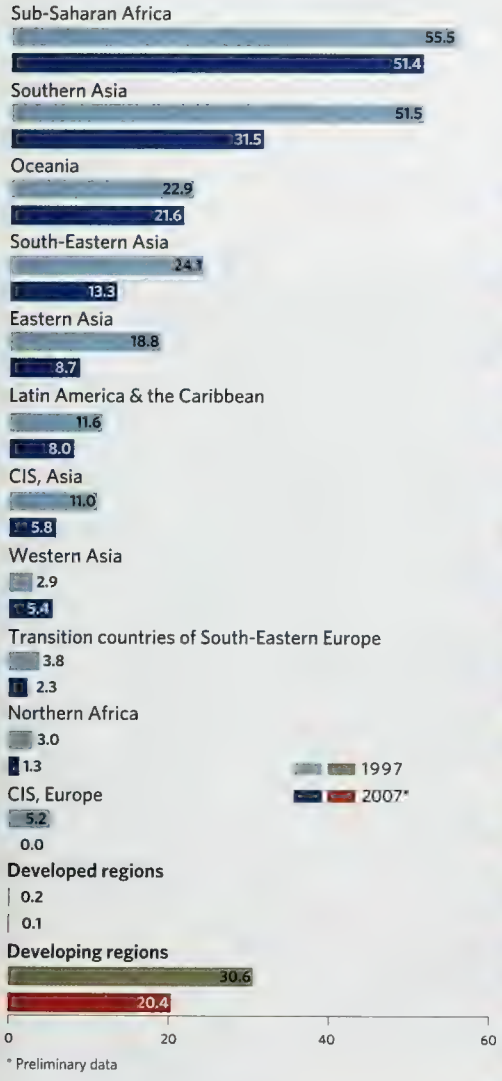
Poverty reduction cannot be accomplished without full and productive employment and decent work for all. The proportion of working-age population that is employed is a good indicator of the ability of an economy to provide jobs. Nevertheless, there is no optimal employment-to-population ratio. Developed countries have lower ratios than developing countries because their higher productivity and incomes mean that fewer workers are required to meet the needs of the entire population. On the other hand, the very high ratios in sub-Saharan Africa indicate that a large number of poor people have to work to subsist, regardless of the quality of the job.

Analysis of these ratios and comparisons between groups allow for the identification of levels and trends that have an impact on poverty and deficits in decent work. Between 55 per cent and 75 per cent of the working age population is employed in most regions. The two exceptions are Northern Africa and Western Asia, partly because the employment-to-population ratio for women is less than 25 per cent (more than 40 percentage points below the ratio for men). For women to remain outside the labour force is often not a choice. More women in these regions would opt to work if it were socially acceptable, if more jobs were created for women and if institutions were in place to help them combine work and family responsibilities.

In Eastern Asia, there is a striking difference in employment-to-population ratios of youth and the rest of the population. While escaping the high youth unemployment of other regions, Eastern Asia's young people are working rather than investing for the future through education.

Low-paying jobs leave one in five developing country workers mired in poverty

Proportion of employed people living below $1 (PPP) a day, 1997 and 2007 (Percentage)



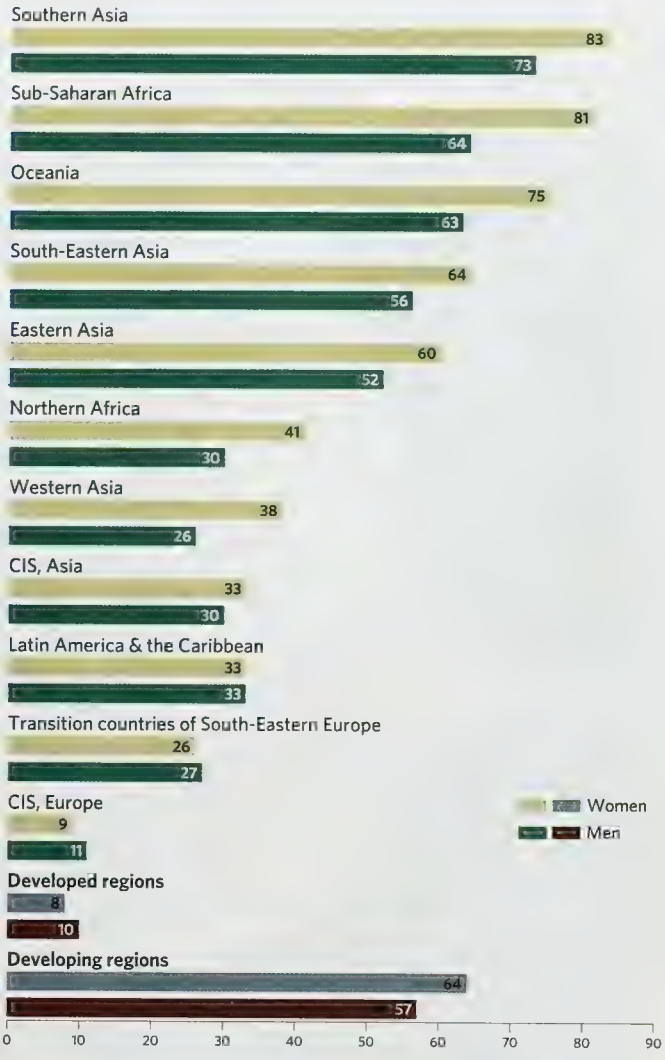
* Preliminary data

For millions in the world today, jobs provide little relief from poverty because their pay is so low. Employed persons living in a household where each member earns less than $1 a day are considered the 'working poor'. In sub-Saharan Africa, over half the workers fall into this category.

The number of working poor is unlikely to be reduced without increases in productivity. Over the past 10 years, productivity has risen by at least 4 per cent annually in Southern Asia, Eastern Asia and the Commonwealth of Independent States. As a result, there were fewer working poor in all three regions. In contrast, the generally low and volatile changes in productivity in sub-Saharan Africa have limited the decline in working poverty in that region.

Half the world's workforce toil in unstable, insecure jobs

Proportion of own-account and contributing family workers in total employment, 2007, women and men (Percentage)



Remunerative employment alone is not the answer to poverty. Jobs must also provide a certain degree of security. Half the world's workers could descend abruptly into poverty if they suddenly lose their job and have no means of covering their expenses, either through their own resources or public support. The proportion of the global workforce that earned a living through vulnerable employment has decreased slowly, from 53 per cent in 1997 to 50 per cent in 2007. And almost 1.5 billion workers remain in unstable, insecure jobs. Vulnerable employment is highest in sub-Saharan Africa, where it accounts for three quarters of all jobs; but it is also high in Oceania, Southern Asia, South-Eastern Asia and Eastern Asia. For the most part, women in developing regions are more likely than men to be in vulnerable employment situations. The difference is 10 percentage points or more in Southern Asia, sub-Saharan Africa, Oceania, Northern Africa and Western Asia.

TARGET

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

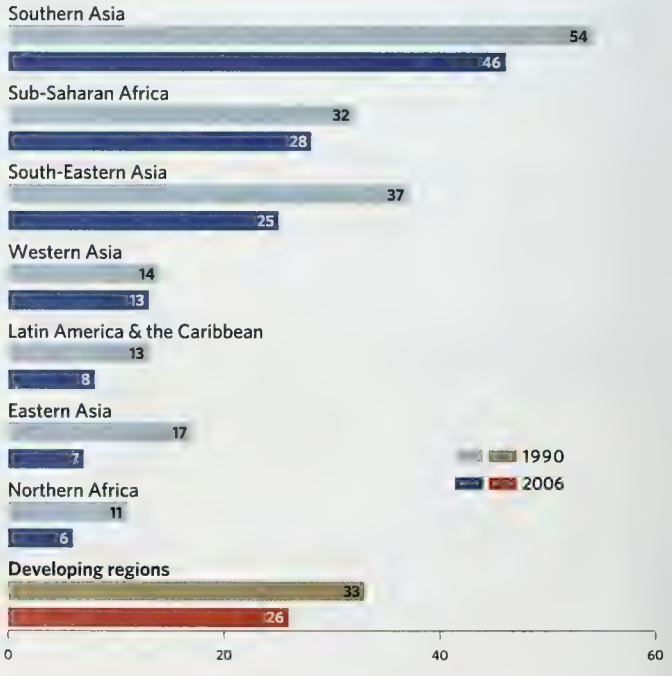
Progress in reducing hunger is now being eroded by the worldwide increase in food prices. Escalating prices are being driven partly by supply disruptions, but mostly by rising demand due to changing diets, economic growth, an expanding world population, urbanization, use of food crops for biofuel, and inappropriate agricultural policies, including subsidies in developed countries.

The poor are most affected by increasing food prices. At the extreme are those who are too poor to buy sufficient food when prices rise and who will fall victim to severe hunger and malnutrition.

There is no quick fix for the underlying cause of the food crisis, but urgent interventions are needed to address immediate food shortages for the countless people facing hunger and malnutrition. The High-Level Conference on World Food Security, held in Rome in June 2008, identified a number of concrete steps to mitigate hunger. The most urgent is to increase emergency food aid and to assist poor people in obtaining the maximum yield from the next season's crops.

Rising food prices threaten limited gains in alleviating child malnutrition

Proportion of children under age five who are underweight, 1990 and 2006 (Percentage)



The proportion of children under five who are undernourished declined from 33 per cent in 1990 to 26 per cent in 2006. However, by 2006, the number of children in developing countries who were underweight still exceeded 140 million. To the extent that undernourishment among children of this age is broadly representative of the extent of hunger in the population as a whole, progress is insufficient to achieve the MDG target. Worse, the global situation will be exacerbated by higher food prices.

Eastern Asia, notably China, was successful in more than halving the proportion of underweight children between 1990 and 2006. In contrast, and despite improvements since 1990, almost 50 per cent of children are underweight in Southern Asia. This region alone accounts for more than half the world's undernourished children. The majority of countries making the least progress in reducing child malnutrition are in sub-Saharan Africa.

Overall, gender differences do not seem to be significant in underweight prevalence among children under five, even in Southern Asia, where earlier data indicated that girls were more likely than boys to be underweight. The rural-urban divide is a greater factor in determining malnutrition. On average, children living in rural areas in the developing world are twice as likely to be underweight as children living in urban areas. In Eastern Asia, where undernutrition has declined overall and is now lower than the average in most other developing regions, children in rural areas are almost five times as likely to be underweight as children in urban areas.

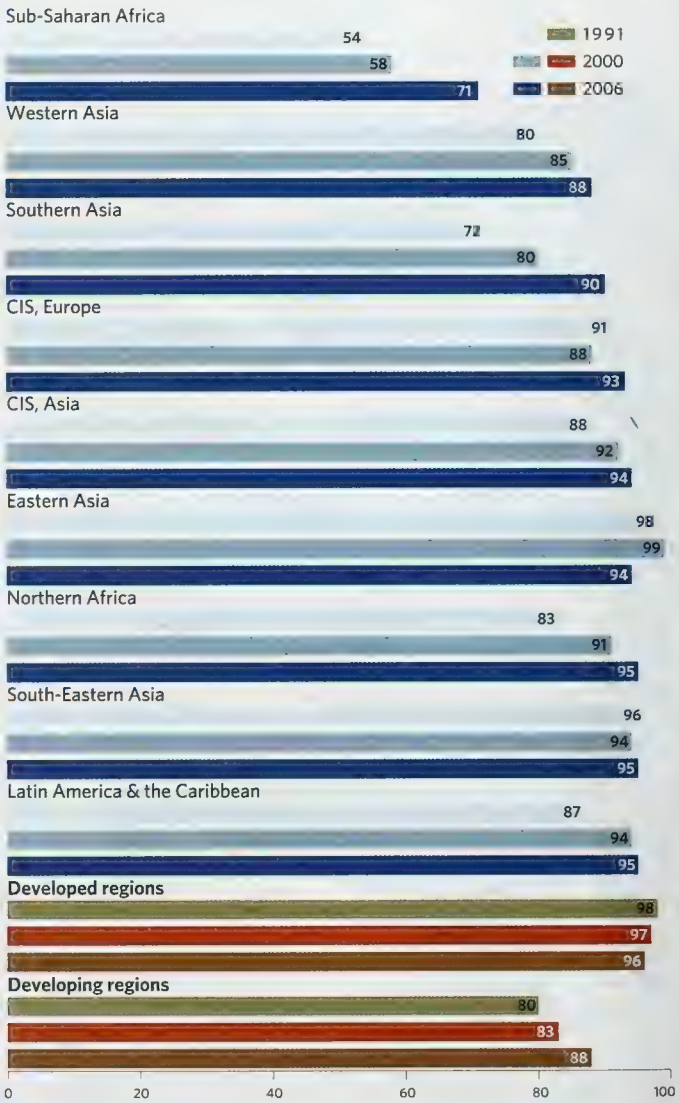
Goal 2
Achieve universal primary education

TARGET

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Political will, coupled with targeted investments, have yielded widespread progress in primary school enrolment

Total net enrolment ratio in primary education*, 1990/1991, 1999/2000 and 2005/2006 (Percentage)



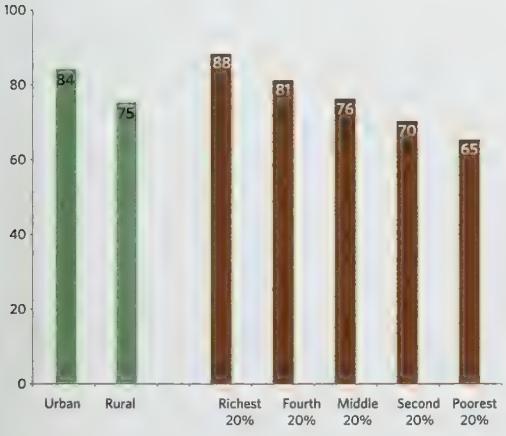
*Number of pupils of the theoretical school-age group for primary education, enrolled either in primary or secondary education, expressed as a percentage of the total population in that age group

In almost all regions, the net enrolment ratio in 2006 exceeded 90 per cent, and many countries were close to achieving universal primary enrolment. The number of children of primary school age who were out of school fell from 103 million in 1999 to 73 million in 2006, despite an overall increase in the number of children in this age group. These successes underscore that much can be accomplished with the political will of governments and with adequate support from development partners.

In sub-Saharan Africa, however, the net enrolment ratio has only recently reached 71 per cent, even after a significant jump in enrolment that began in 2000. Around 38 million children of primary school age in this region are still out of school. In Southern Asia, the enrolment ratio has climbed to 90 per cent, yet more than 18 million children of primary school age are not enrolled.

Poverty's grip keeps children out of school

Primary school net attendance ratio in the developing regions, by place of residence and household wealth, 2000/2006 (Percentage)



Reaching poorer, more socially marginalized children who normally have less access to basic education is a major challenge. Survey data from 40 countries show that, in 32 of them, attendance is higher in urban than in rural areas. But being poor is the more determinant factor. Surveys in sub-Saharan countries indicate that children from the poorest households are least likely to attend school, regardless of whether they live in urban or rural areas. Ensuring that the most vulnerable and marginalized children are enrolled and remain in school requires targeted programmes and interventions aimed at poor households and that seek to eliminate gender disparities.

Amidst many deprivations, refugee children are often denied educational opportunities

Children affected by conflict or political unrest – those who most need structure and a semblance of normality in their lives – are more likely to be deprived of an adequate education. According to the UN High Commissioner for Refugees, more than 1.5 million school-age refugee children live in developing countries, most of them in urban areas or camps. Data for 114 refugee camps in 27 countries show that full primary school enrolment has been achieved in only 6 out of 10 camps, and that at least 1 in 5 refugee children is not part of the formal education system. In 1 out of 8 of the camps with inadequate primary school opportunities, less than half of all primary school-age children are enrolled. Girls are at particular risk of dropping out before completing their primary education, often because they lack a safe, quality learning environment, or because of poverty and early marriage. In camps where enrolment rates are 70 per cent or higher, the enrolment gap ratio between girls and boys has narrowed slightly: the number of girls enrolled per 100 boys increased from 89 in 2005 to 91 in 2007.

The quality of education is as important as enrolment

Children of secondary school age by educational status, 2006 (Percentage)

Achieving universal primary education means more than full enrolment. It also encompasses quality education, meaning that all children who attend school regularly learn basic literacy and numeracy skills and complete primary school on time. In sub-Saharan Africa, for instance, substantially more children of secondary school age attend primary rather than secondary school. Progress is being made, however. The proportion of children in developing countries who have completed primary education rose from 79 per cent in 1999 to 85 per cent in 2006. Ensuring that all primary school students complete their education in a timely manner will not only benefit the individual students; it will also reduce the number of over-age children in the primary education system. This, in turn, will free resources for future primary school enrollees and reduce the challenge of achieving the goal.

For children to reach their full potential and countries to develop, the gains made in universal primary education must be replicated at the secondary level. At present, 54 per cent of children of the appropriate age in developing countries attend secondary school. In Oceania, almost two thirds of children of secondary school age are out of school. In sub-Saharan Africa, only a quarter of children of secondary school age are in secondary school.

Goal 3
Promote gender equality and empower women

TARGET

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Girls still wait for equal primary school access in some regions

Girls' primary school enrolment in relation to boys', 1990/1991, 1999/2000 and 2005/2006 (Girls per 100 boys)

School doors have swung open for girls in nearly all regions as many countries have successfully promoted girls' education as part of their efforts to boost overall enrolment. Girls' primary enrolment increased more than boys' in all developing regions between 2000 and 2006. As a result, two out of three countries have achieved gender parity at the primary level. Despite impressive gains, girls account for 55 per cent of the out-of-school population.

As part of its success in raising the total primary enrolment rate, Southern Asia has made the most progress in gender parity since 2000. Sub-Saharan Africa, Western Asia and Northern Africa have also made strides in reducing gender disparity. At the same time, Oceania has taken a step back with a slight deterioration in gender parity in primary school enrolment. Oceania, sub-Saharan Africa and Western Asia have the largest gender gaps in primary enrolment.

In Western and Central Africa, where high repetition and low retention rates are common, girls in particular fail to enrol in and stay in school. Drought, food shortages, armed conflict, poverty, lack of birth registration, child labour, and HIV and AIDS contribute to low school enrolment and high dropout rates for both boys and girls in those subregions, but prove to be especially devastating for girls.

Gender parity in primary school bodes well for girls' continued educational progress

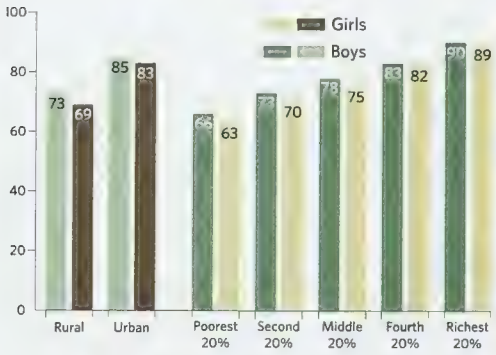
Girls' secondary school enrolment in relation to boys', 1990/1991, 1999/2000 and 2005/2006 (Girls per 100 boys)

*Data are not available for 1991

Where gender gaps in primary education have closed, girls generally continue on to secondary school, whereas some boys join the labour force. The secondary enrolment rate for girls surpasses that of boys in three regions. Boys' under-achievement is a particular concern in Latin America and the Caribbean. In contrast, where girls' primary education enrolment lags behind boys', the gender gap widens in secondary and tertiary education.

Targeted action is needed to help girls from poor, rural areas stay in school

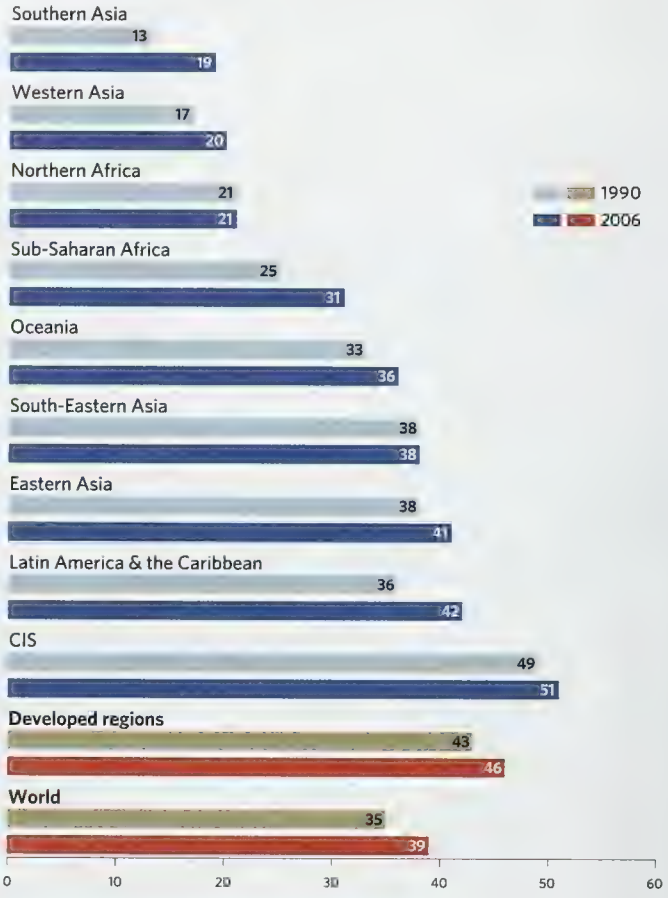
Primary school net attendance ratio of boys and girls, in the developing regions, by place of residence and households wealth, 2000/2006 (Percentage)



In developing countries, primary school attendance of girls and boys is nearly equal in the richest households and in urban areas. However, girls in rural areas and from the poorest households require targeted interventions to encourage them to enrol in and stay in school. Satellite schools in remote areas, eliminating school fees, providing school meals, constructing separate sanitation facilities, ensuring a safe school environment and promoting later marriage have boosted girls' attendance in school.

Job opportunities open up, but women often remain trapped in insecure, low-paid positions

Employees in non-agricultural wage employment who are women, 1990 and 2006 (Percentage)



Women have more income-earning opportunities than ever before. Overall, women occupy almost 40 per cent of all paid jobs outside agriculture, compared to 35 per cent in 1990. But almost two thirds of women in the developing world work in vulnerable jobs as own-account and unpaid family workers. In Southern Asia and sub-Saharan Africa, this type of work accounts for more than 80 per cent of all jobs for women.

Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits. Occupations continue to be gender-specific, and female-dominated positions tend to be characterized by inferior status, lower pay and poorer working conditions. Although well-educated women have advanced and the share of women managers is increasing, most women remain in low-status, less valued jobs and face greater barriers to higher-level positions. As a result, women have greater difficulty translating their labour into paid work and their paid work into higher, more secure incomes. Even in the government sector, where women often enjoy equal job security and benefits, they are more likely to work in local rather than central

government. In an attempt to redress these inequities, development partners have focused on gender equality and empowerment. In 2005-2006, for example, one sixth of bilateral aid was allocated to sectors for the purpose of improving women's status.

Women slowly gain ground in political decision-making, but progress is erratic and marked by regional differences

Proportion of seats held by women in single or lower houses of national parliaments, 1990, 2000 and 2008 (Percentage)

* Data for 1990 are not available.

In January 2008, the global proportion of parliamentary seats held by women reached a high of nearly 18 per cent. However, the proportion continues to ebb and flow and the global average conceals national and regional differences. Women hold at least 40 per cent of the seats in five parliaments: Rwanda leads the way at 48.8 per cent, followed by Sweden (47 per cent), Cuba (43.2 per cent), Finland (41.5 per cent) and Argentina (40 per cent). Women occupy at least 30 per cent of parliamentary seats in 20 countries, although none in Asia. No women were included in the 2007 parliamentary renewals in the Federated States of Micronesia, Nauru, Oman and Qatar, and women constitute less than 10 per cent of the members of parliament in one third of all countries.

Nordic parliaments continue to outshine other countries with more than 41 per cent female representation on average. Latin America and the Caribbean increased female representation, with women holding 22 per cent of seats. The increase in recent years of female parliamentary representatives in sub-Saharan Africa was largely sustained in the 2007 elections. Oceania is the only region where women's participation stagnated.

The uneven representation of women in national parliaments is not by chance. Women are elected in greater proportional representation in electoral systems that include quotas. Quotas are key supportive mechanisms and can be implemented with additional measures, such as the active promotion of women candidates by political parties and the provision of training in electoral campaigning and fundraising. In some countries, female candidates are supported by a vibrant civil society movement. Underpinning all efforts is the political will of leaders to promote women's access to parliaments.

Despite greater parliamentary participation, women are largely absent from the highest levels of governance. In January 2008, women accounted for 7 of the 150 elected heads of state and 8 of the 192 heads of governments of United Nations Member States. Overall, only 16 per cent of the world's ministerial positions were held by women. Within this total, 13 countries had no women at all in cabinet positions, although women held at least 30 per cent of the ministerial posts in 22 countries – mostly in Europe and Africa.

Women's representation in other arenas is also important. Women account, on average, for half of those in refugee camps, but their participation in camp decision-making processes remains low. Data from more than 80 camps show that equal participation has been achieved in only about two of five camps. More recent data, however, from 2005 and 2007, indicate that women's political participation in refugee camps is increasing.

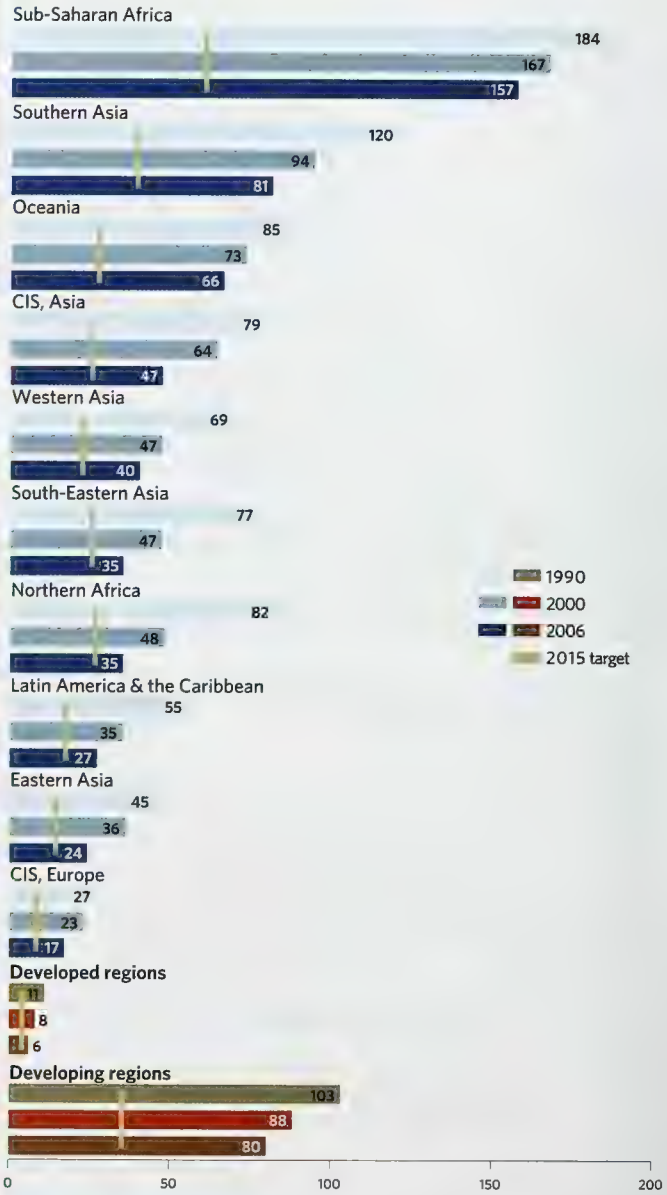
Goal 4
Reduce child mortality

TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Despite progress, deaths of under five children remain unacceptably high

Under-five mortality rate per 1,000 live births, 1990, 2000 and 2006



In 2006, for the first time since mortality data have been gathered, annual deaths among children under five dipped below 10 million. Nevertheless, the death of millions of children from preventable causes each year is unacceptable. A child born in a developing country is over 13 times more likely to die within the first five years of life than a child born in an industrialized country. Sub-Saharan Africa accounts for about half the deaths of children under five in the developing world.

Between 1990 and 2006, about 27 countries – the large majority in sub-Saharan Africa – made no progress in reducing childhood deaths. In Eastern Asia and Latin America and the Caribbean, child mortality rates are approximately four times higher than in developed regions. Disparities persist in all regions: mortality rates are higher for children from rural and poor families and whose mothers lack a basic education.

The leading causes of childhood deaths – pneumonia, diarrhoea, malaria and measles – are easily prevented through simple improvements in basic health services and proven interventions, such as oral rehydration therapy, insecticide-treated mosquito nets and vaccinations. Pneumonia kills more children than any other disease, yet in developing countries the proportion of children under five with suspected pneumonia who are taken to appropriate health-care providers remains low.

Thirty-seven per cent of under-five deaths occur in the first month of life, and improved neonatal and maternal care could save countless newborns. Undernutrition is estimated to be an underlying cause in more than one third of all deaths in children under five.

Vaccinations have slashed deaths from measles

Proportion of children 12-23 months old who received at least one dose of measles vaccine, 1990, 2000 and 2006 (Percentage)

Measles, a major cause of child mortality, can be effectively prevented with a relatively inexpensive vaccine and subsequent booster that provide safe, lifelong protection. The combination of improved routine vaccinations and second-dose coverage has reduced global deaths from measles by more than two thirds since 1990, surpassing the initial target to halve deaths due to measles by 2005. Worldwide measles deaths – mostly children under five – plummeted by 68 per cent, from 757,000 in 2000 to 242,000 in 2006. In sub-Saharan Africa, measles deaths fell by more than 91 per cent.

A single-dose campaign is not sufficient to protect a community from measles. Consequently, complementary programmes (routine delivery services in countries with high first-dose coverage) or periodic campaigns (every three to four years in countries with low first-dose coverage) are necessary for universal immunity. In 1990, the 47 countries that accounted for 95 per cent of measles deaths had low first-dose vaccine coverage and no second-dose opportunity. By 2007, a second-dose protocol was implemented in 44 of the 47 high-risk countries through national campaigns. More than 600 million children have received a 'second opportunity' booster vaccination since 1990.

In 2006, about 80 per cent of the world's children received routine measles vaccinations. While this jump in coverage is impressive, additional efforts will be required to ensure that every child is immunized and to achieve the goal of reducing measles mortality by 90 per cent by 2010.

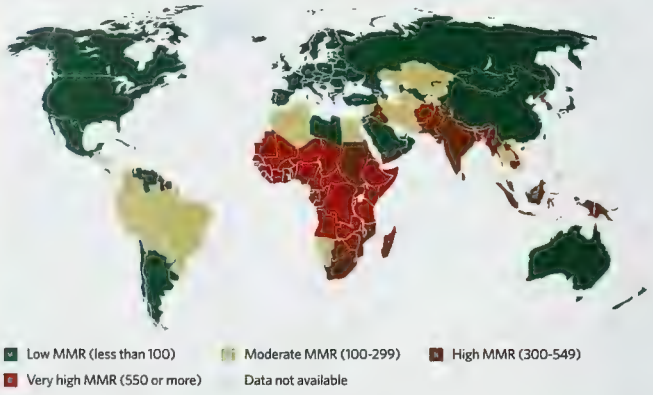
Goal 5
Improve maternal health

TARGET

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

The high risk of dying in pregnancy or childbirth continues unabated in sub-Saharan Africa and Southern Asia

Maternal deaths per 100,000 live births, 2005



Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than 500,000 women died during pregnancy, childbirth or in the six weeks after delivery. Ninety-nine per cent of these deaths occurred in the developing regions, with sub-Saharan Africa and Southern Asia accounting for 86 per cent of them. In sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in the developed regions.

Little progress has been made in saving mothers' lives

Maternal deaths per 100,000 live births, 1990 and 2005

At the global level, maternal mortality decreased by less than 1 per cent per year between 1990 and 2005 – far below the 5.5 per cent annual improvement needed to reach the target. Northern Africa, Latin America and the Caribbean and South-Eastern Asia managed to reduce their maternal mortality ratios by about one third during this period, though progress in these regions was insufficient to meet the target. In sub-Saharan Africa, the region with the highest level of maternal mortality, progress was negligible. Accelerated improvements in all dimensions of reproductive health care, culminating in but not limited to better obstetric care, are required in all regions to achieve the goal.

Skilled health workers at delivery are key to improving outcomes

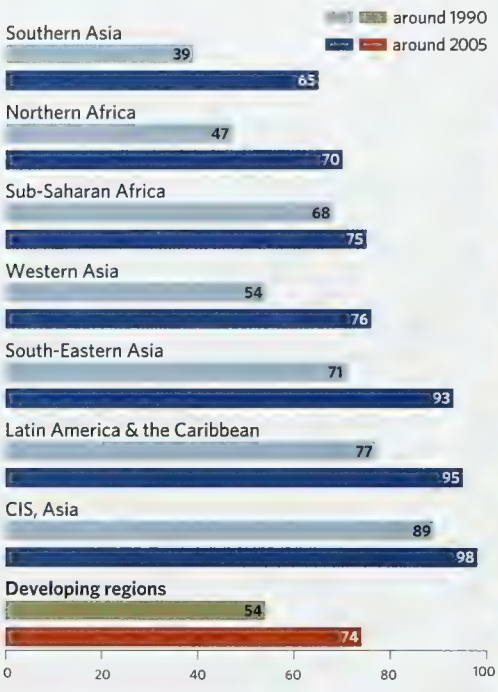
Proportion of deliveries attended by skilled health care personnel, around 1990 and around 2006 (Percentage)

* Includes only deliveries in health-care institutions

A skilled health worker (doctor, nurse or midwife) at delivery is critical to reducing maternal deaths. In 2006, nearly 61 per cent of births in the developing world were attended by skilled health personnel, up from less than half in 1990. Coverage, however, remains low in Southern Asia (40 per cent) and sub-Saharan Africa (47 per cent) – the two regions with the greatest number of maternal deaths. Assistance by appropriately trained health personnel, with proper equipment and referral options in case of complications, must be standard practice during deliveries if there is to be a noteworthy drop in maternal deaths.

Antenatal care is on the rise everywhere

Proportion of women (15-49 years old) attended at least once during pregnancy by skilled health personnel, around 1990 and around 2005 (Percentage)



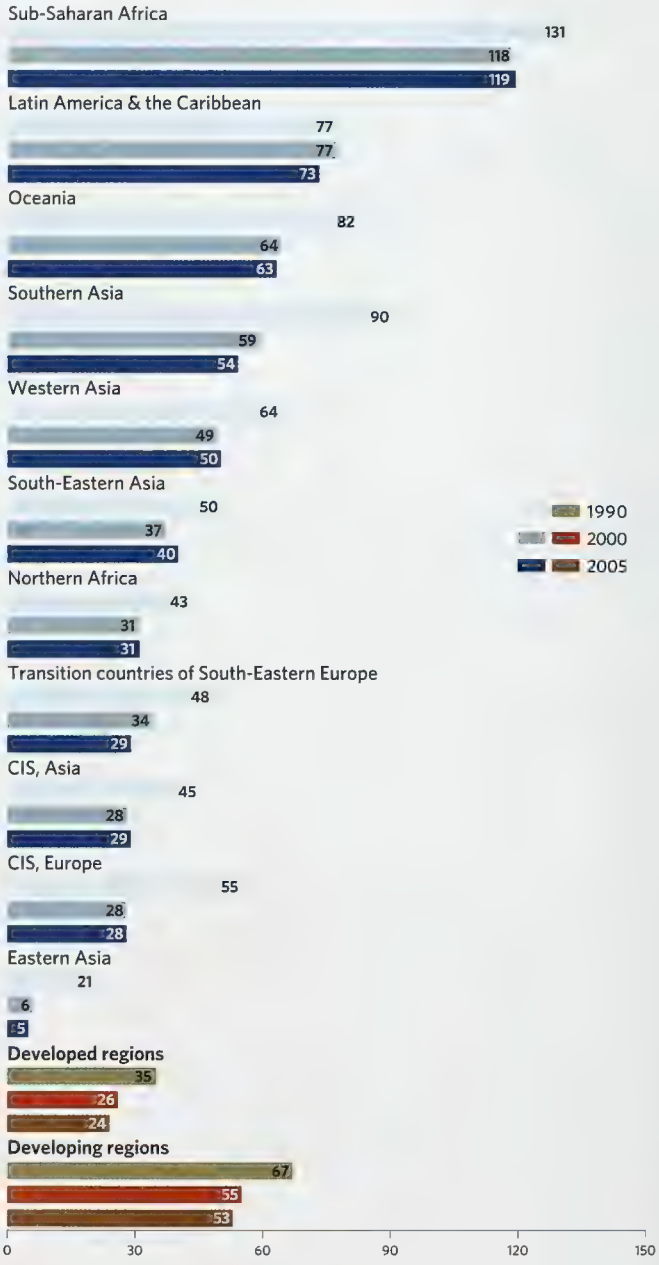
Antenatal care is an essential safety net for healthy motherhood and childbirth, where the well-being of both the prospective mother and her offspring can be monitored. The proportion of pregnant women in the developing world who had at least one antenatal care visit increased from slightly more than half at the beginning of the 1990s to almost three fourths a decade later. While that is an improvement, the World Health Organization and UNICEF recommend a minimum of four antenatal care visits. In Africa, only 42 per cent of women met the UNICEF-WHO norm.

TARGET

Achieve, by 2015, universal access to reproductive health

Adolescent fertility is declining slowly

Births to women 15-19 years old, 1990, 2000 and 2005 (Number of births per thousand women)

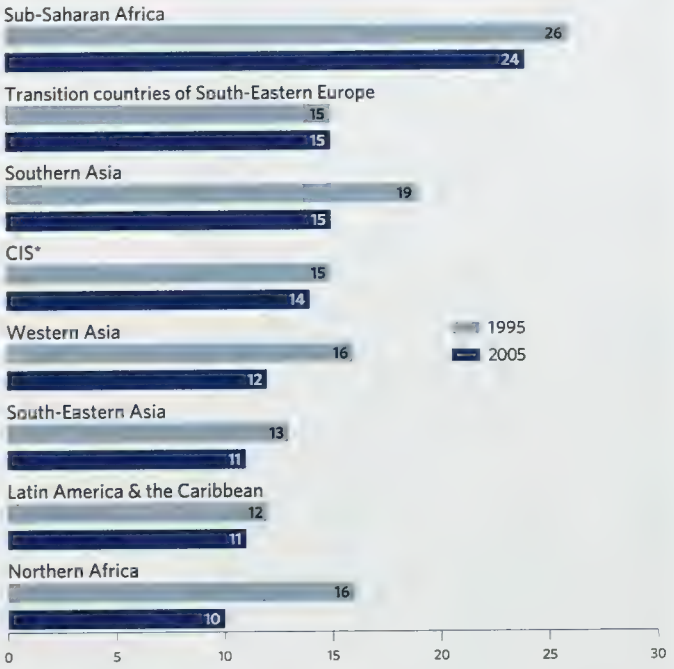


Adolescent pregnancy contributes to the cycle of maternal deaths and childhood mortality. Very early motherhood not only increases the risk of dying in childbirth, it also jeopardizes the well-being of surviving mothers and their children. Young mothers frequently miss out on education and socio-economic opportunities. A child born to an adolescent mother is at greater risk of dying in infancy or childhood and is likely to be deprived of the known benefits passed down from educated mothers to their children. Reducing adolescent fertility contributes directly and indirectly to achieving the maternal health and other goals.

In almost all developing regions, adolescent fertility fell between 1990 and 2000, then largely stagnated or increased marginally between 2000 and 2005. Adolescent fertility is especially high in sub-Saharan Africa, where fertility remains high among all women of childbearing age. Total fertility has declined substantially over the past two decades in many countries in Latin America and the Caribbean and South-Eastern Asia, yet adolescent fertility has fallen little and remains over 60 births per 1,000 women in these two regions. The increased availability of family planning has been a major factor in reducing total fertility rates in these regions, but the demand for contraception by adolescent married women is not met as readily as it is for older women. This has made it difficult to reduce adolescent fertility, increasing young mothers' exposure to the risk of maternal mortality.

An unmet need for family planning undermines achievement of several other goals

Proportion of married women aged 15-49 years with unmet need for family planning, 1995 and 2005 (Percentage)



* Latest available data refer to a year around 2000
Note: No data are available for Eastern Asia

The unmet need for family planning – the gap between women's stated desires to delay or avoid having children and their actual use of contraception – has declined in most countries that have discernible trends. However, in sub-Saharan Africa, nearly one in four married women has an unmet need for family planning, and the rise in contraceptive use has, on average, barely kept pace with the growing desire to delay or limit births. This contributes to the continuing high fertility rate in that region and has undermined related goals, such as reducing child mortality, hunger and malnutrition, and increasing primary education enrolment.

In all regions, this unmet need is highest among the poorest households. This is most pronounced in Latin America and the Caribbean, where 27 per cent of the poorest households have an unmet need for family planning compared to 12 per cent of the wealthiest households. In sub-Saharan Africa, unmet need is high – over 20 per cent – even among the wealthiest households.

Unmet need for family planning is also especially high among young women, many of whom want to delay their pregnancies. Close spacing of births raises the risks to their life and health.

Once a woman has had the children she desires, not being able to use contraception results in unwanted pregnancies and births. This increases the risk of maternal death and makes it harder for families to afford schooling and health care for all their children.

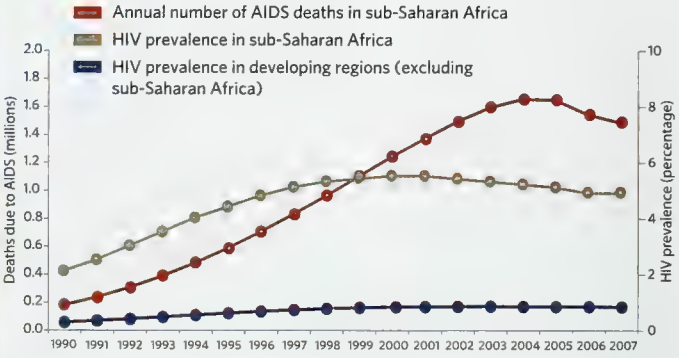
Goal 6
Combat HIV/AIDS, malaria & other diseases

TARGET

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Despite small victories, AIDS continues to take a terrible toll, especially in sub-Saharan Africa

HIV prevalence in adults aged 15-49 years in developing regions and in sub-Saharan Africa (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2007

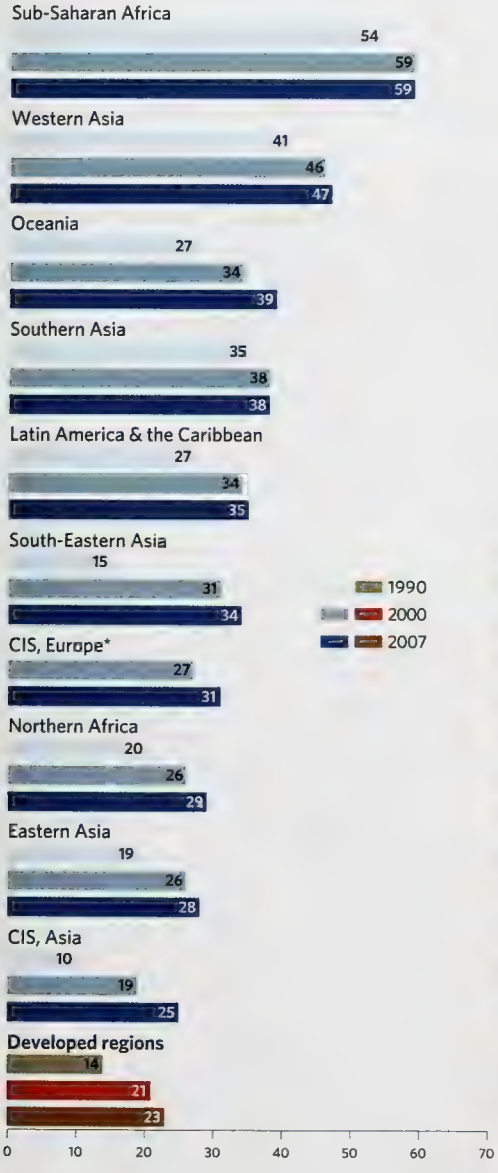


Every day, nearly 7,500 people become infected with HIV and 5,500 die from AIDS, mostly due to a lack of HIV prevention and treatment services. Despite these staggering numbers, some encouraging developments have sparked small victories in the battle against AIDS.

Thanks to improvements in prevention programmes, the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. And with the expansion of antiretroviral treatment services, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2.0 million in 2007. However, largely because newly infected people survive longer, the number of people living with HIV rose from an estimated 29.5 million in 2001 to 33 million in 2007. The vast majority of those living with HIV are in sub-Saharan Africa.

In almost every region, women represent a growing share of people living with HIV

Proportion of adults aged 15 years and over living with HIV who are women, 1990, 2000 and 2007 (Percentage)



* Data for 1990 are not available

An estimated 15.5 million women and 15.3 million men aged 15 years and over were living with HIV worldwide in 2007, compared with 14.1 million and 13.8 million, respectively, in 2001. In sub-Saharan Africa, almost 60 per cent of adults living with HIV in 2007 were women.

Prevention programmes are yielding results

Sample data and national surveys suggest that HIV prevention has been successful, particularly in reducing risky sexual behavior. HIV prevalence among 15- to 24-year-old pregnant women is believed to accurately reflect overall developments in the epidemic because their infections are likely to be recently acquired and mortality and antiretroviral treatment have less influence on the data. Since 2000-2001, HIV prevalence among young women attending antenatal clinics has declined in 14 of 17 most-affected countries.

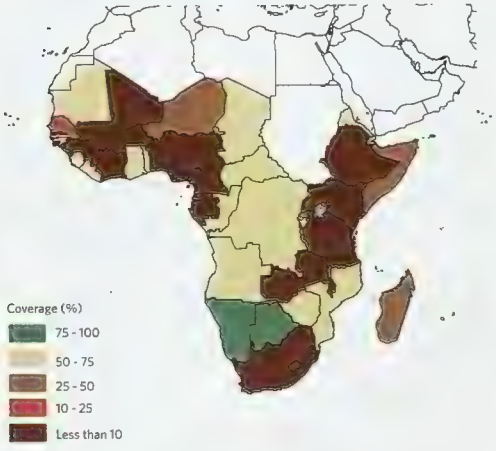
In 19 of the 35 high-prevalence countries, the proportion of women and men aged 15 to 19 who became sexually active before their fifteenth birthday fell between 1990 and 2007 in seven countries and increased in two. Over the same period, the proportion of women and men aged 15 to 24 who had more than one partner in the previous 12 months decreased in 10 countries, remained unchanged in one, increased among women in two countries and among men in one. Finally, the rate of condom use among men aged 15 to 24 who had more than one partner in the previous 12 months increased in 12 countries and climbed among young women in eight.

Antiretroviral drugs are adding years to peoples' lives, but the need for treatment still outpaces the available supply

Proportion of population living with HIV in need of treatment who are receiving antiretroviral therapy, 2006 and 2007 (Percentage)

The number of people living with HIV who received antiretroviral therapy increased by about 950,000 in 2007. But with 2.7 million new infections that year alone, the need for treatment far outpaces the availability of antiretroviral drugs. By the end of 2007, only 3 million of the estimated 9.7 million people in need of AIDS treatment in developing countries were receiving the drugs. The proportion receiving treatment in Eastern Asia, Southern Asia and the Commonwealth of Independent States was far lower than in sub-Saharan Africa. Still, because of the magnitude of its AIDS crisis, some 5 million people in sub-Saharan Africa were denied antiretroviral therapy. Despite limited availability, the use of antiretroviral drugs in developing countries has resulted in an estimated gain of 3.2 million years of life since 2002, including 2 million in sub-Saharan Africa alone.

Proportion of population living with HIV in need of treatment who are receiving antiretroviral therapy, Africa, 2007 (Percentage)



Planning for children orphaned by AIDS is increasing, but tangible support is slow in coming

Initially, governments and the international community failed to respond adequately to the grave challenges faced by children affected by AIDS, but this is changing. Several countries are making progress in providing orphans and vulnerable children with a minimum package of services, including education, health care, social welfare and protection. By the end of 2007, specific national plans of action for children orphaned by AIDS and other vulnerable children had been developed by 24 countries, including 21 in sub-Saharan Africa. Ten more countries – nine in sub-Saharan Africa – had such national plans in process.

Many countries are also integrating policies for children affected by AIDS into national development plans, overall plans of action for children and policy plans of ministries such as those for education and health. Among 19 countries with data, the proportion of households with orphans and vulnerable children receiving external support ranged from 1 per cent in Sierra Leone to 41 per cent in Swaziland, with a median of 9 per cent. Coverage remains low, even in countries with high HIV prevalence.

TARGET

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

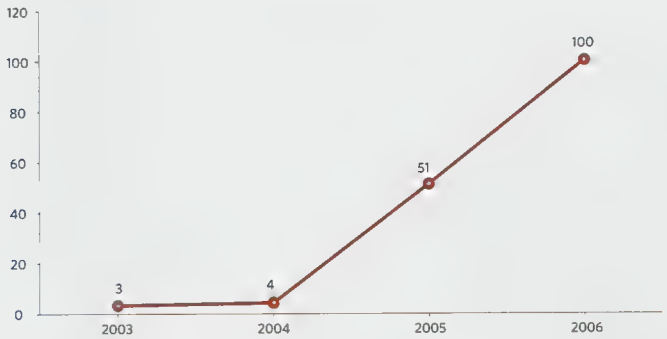
Despite tremendous progress, use of insecticide-treated mosquito nets falls short of global targets

Proportion of children sleeping under insecticide-treated bed nets in selected countries, around 2000 and 2006 (Percentage)

The number of insecticide-treated mosquito nets produced worldwide jumped from 30 million in 2004 to 95 million in 2007. Coupled with increased resources, this has led to a rapid rise in the number of mosquito nets procured and distributed within countries. For example, UNICEF increased its procurement from 7 million in 2004 to nearly 20 million in 2007, and the Global Fund to Fight AIDS, Tuberculosis and Malaria increased its distribution from 1.35 million in 2004 to 18 million in 2006. As a result, all sub-Saharan African countries for which there are trend data showed increases in insecticide-treated net use among children under five; 16 of these 20 countries have at least tripled their coverage since around 2000. Despite this progress, overall insecticide-treated net use falls short of global targets.

New malaria treatment strategies are effective, but underutilized

Number of doses of artemisinin-based combination therapies procured worldwide, 2003-2006 (Millions)



There has been less progress in treating malaria than in preventing it. Although treatment among febrile children is moderately high across sub-Saharan Africa, few countries have expanded coverage since 2000 and most patients often receive less effective medicines. In a subset of 22 sub-Saharan African countries, covering nearly half the region's population and where data allowed an assessment of progress over time, the proportion of children with a fever who received antimalarial medicines dropped from 41 per cent in 2000 to 34 per cent in 2005. Moreover, treatment with the more effective, but more expensive, artemisinin-based combination therapy (ACT) was 6 per cent or less between 2004 and 2006 in a subset of 14 countries (Zambia was the exception, with its ACT coverage climbing to 13 per cent). Funding and procurement of ACT has increased markedly since 2005, and nearly all sub-Saharan African countries have rapidly shifted their national drug policies to promote it.

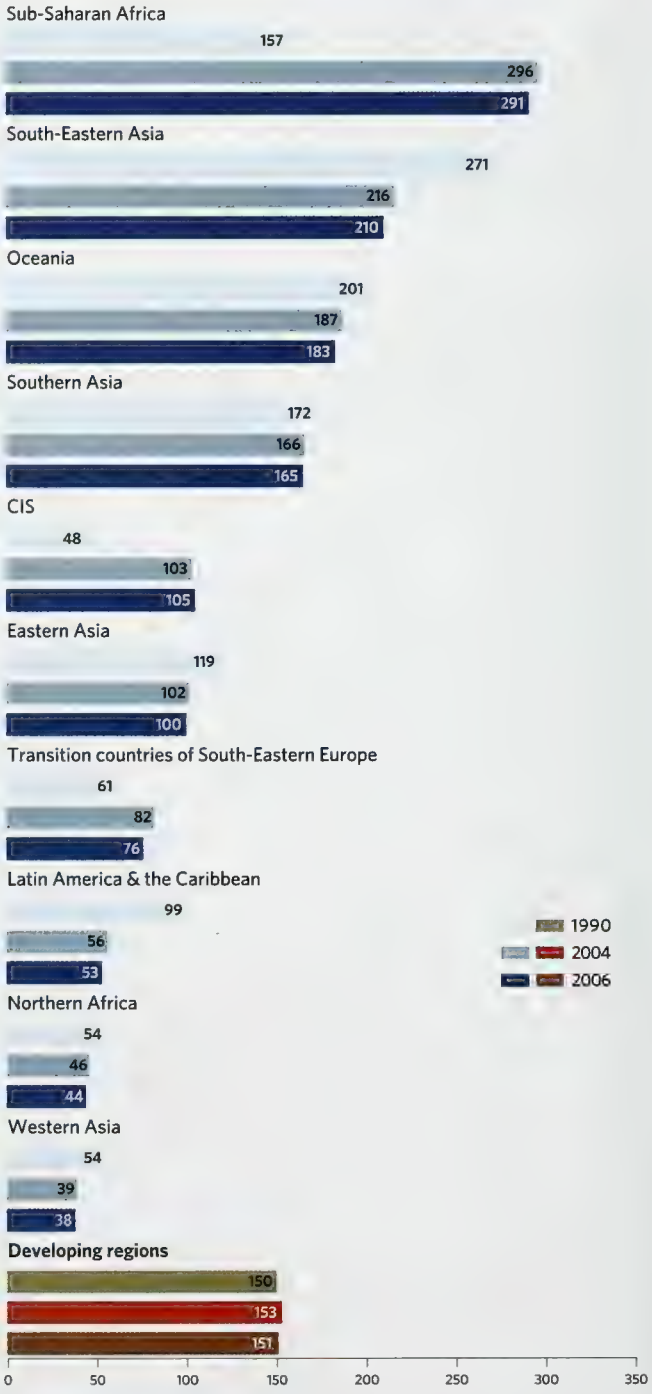
Evidence suggests that the large-scale expansion of prevention programmes and improved access to more effective antimalarial drugs can substantially reduce malaria cases and deaths. In Viet Nam, the number of malaria cases declined dramatically after implementation of control measures became a national priority in 1991, including increased distribution of insecticide-treated nets, household spraying and use of antimalarial medicines. In Eritrea, more than a million mosquito nets were distributed between 2000 and 2006, and by 2004 about 80 per cent of households living in areas at high risk for malaria owned a net. As a result, recorded malaria cases and deaths plummeted by more than 70 per cent between 2000

and 2006. In a closely monitored district in Zanzibar, cases and admissions to hospitals fell by 70 per cent and the crude under-5 mortality rate declined by 50 per cent between 2003 and 2005 after ACT began to be provided free in all public health facilities. In South Africa, following a rise in malaria in the 1990s due to increasing drug and insecticide resistance, documented cases and deaths fell by 80 per cent between 2000 and 2006 after the introduction of ACT and improved mosquito control (including spraying with DDT).

Large increases in funding and attention to malaria have accelerated malaria control activities in many countries, although many more still fall short of global goals. In addition, new and more effective interventions (such as long-lasting insecticidal nets) have been developed, and production and distribution of key commodities have improved. Countries have also been quicker to adopt more successful strategies that would have been out of reach if less funding were available (such as promoting ACT use). These developments suggest that even greater strides may be made in the fight against malaria in the coming years.

Progress towards tuberculosis targets is mixed

Number of new tuberculosis cases per 100,000 population (excluding people who are HIV-positive), 1990, 2004 and 2006



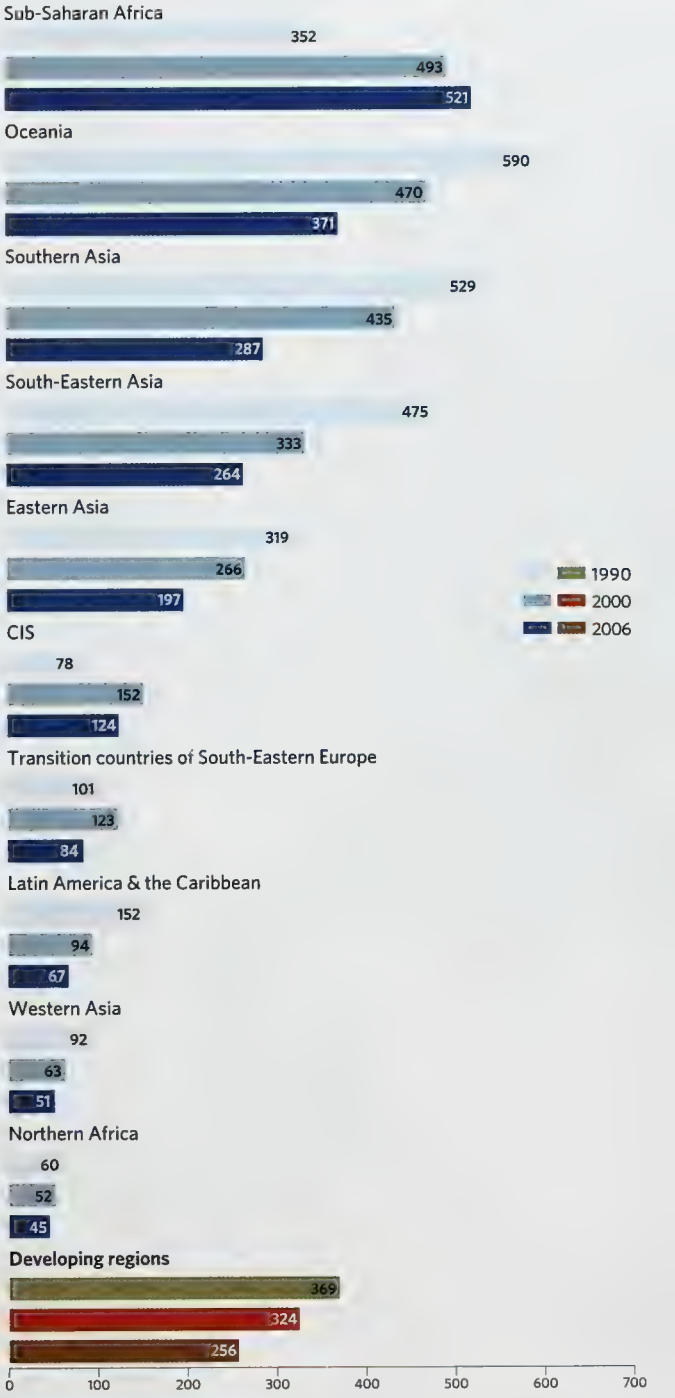
In 2006, there were an estimated 1.7 million deaths due to tuberculosis and 14.4 million people infected with the disease, including approximately 9.2 million new cases. This was an increase from 2005 and is attributed mainly to population growth. In the developing regions, the number of new tuberculosis cases per 100,000 population (incidence rate) peaked in 2004, then fell by 0.7 per cent between 2005 and 2006. If these trends are sustained globally, the incidence of tuberculosis should be halted and reversed well before 2015.

Success in eradicating tuberculosis rests on early detection of new cases and effective treatment. Between 2005 and 2006, however, progress in detection slowed: the detection rate increased only marginally to 61 per cent, short of the 65 per cent benchmark for 2006 contained in the 'Stop TB Partnership' Global Plan and the ultimate target of 70 per cent.

Africa, China and India collectively account for more than two thirds of undetected tuberculosis cases. Progress stalled in improving the detection rate in China and India in 2006. The detection rate in Africa – 46 per cent in 2006 – is furthest from the target.

Halving the tuberculosis prevalence rate by 2015 is unlikely

Number of tuberculosis cases per 100,000 population (excluding people who are HIV-positive), 1990, 2000 and 2006



The success rate for the treatment of tuberculosis under the 'DOTS' (Directly Observed Treatment Short-course) programme was 84.7 per cent in 2005, the highest since reliable monitoring began and just short of the 85 per cent target. DOTS programmes, which involve the appropriate diagnosis and registration of each tuberculosis patient followed by standardized multi-drug treatment, are helping to mitigate the relative impact of the disease.

The prevalence rate for tuberculosis – the number of existing cases per 100,000 people – and the death rate from the disease are falling faster than its incidence. Between 2005 and 2006, the global prevalence rate, including among those who are HIV-positive, fell by 2.8 per cent to 219 per 100,000 people, compared with the 2015 target of 147. The corresponding death rate fell by 2.6 per cent to 25 per 100,000 people, against a target of 14.

Despite its success, DOTS has not yet had the impact on worldwide transmission and incidence needed to achieve the 'Stop TB Partnership' targets of halving the world's 1990 prevalence and death rates by 2015. If trends for the past five years continue, sub-Saharan Africa and countries of the Commonwealth of Independent States will fall short of both targets, compromising any chance of reaching the global benchmark. If these objectives are to be met, regions lagging behind will have to improve both the extent and timeliness of the diagnosis of active tuberculosis and increase the rate of successful treatment.

Goal 7
Ensure environmental sustainability

TARGET

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Immediate action is needed to contain rising greenhouse gas emissions

Emissions of carbon dioxide, 1990, 2000 and 2005 (Billions of metric tons)

In 2007, the Fourth Assessment Report of the Intergovernmental Panel on Climate Change made it abundantly clear that the climate is warming and "most of the observed increase in globally averaged temperatures since the mid-20th century is very likely due to the observed increase in anthropogenic greenhouse gas." Carbon dioxide (CO_2) released by the burning of fossil fuels accounts for more than half of the global greenhouse gas emissions responsible for climate change.

Carbon dioxide emissions reached 28 billion metric tons in 2005 and continued upward, resulting in increased atmospheric concentrations of CO_2. Globally, emissions increased by 30 per cent from 1990 to 2005, with annual growth from 2000 to 2005 greater than in the preceding decade. From 1990 to 2005, changes in emissions ranged from a 38 per cent decline in countries of the Commonwealth of Independent States to an 82 per cent increase in South-Eastern Asia. Per capita emissions remain the highest in the developed regions, about 12 metric tons of CO_2 per person per year, compared with about 3 metric tons in developing regions and 0.8 metric tons in sub-Saharan Africa. Emissions per unit of economic output fell by more than 20 per cent in the developed regions, while they increased by 35 per cent in South-Eastern Asia and by 25 per cent in Northern Africa.

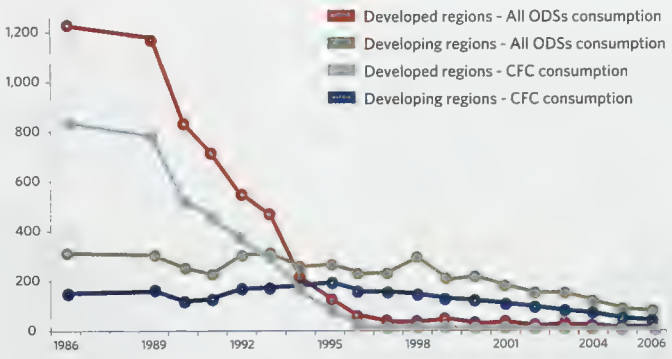
While no area can escape the adverse impact of climate change, the Arctic, small islands, mega deltas in Asia and Africa, and the African region overall seem to be especially vulnerable because of their high exposure to the effects of climate change, their populations' limited capacity to adapt to the consequences, or both.

Developed countries that are parties to the Kyoto Protocol have agreed to reduce their greenhouse gas emissions by at least 5 per cent from their 1990 levels by 2012. At the 2007 United Nations Climate Change Conference in Bali, countries began new negotiations under the United Nations Framework Convention on Climate Change that are to be completed by the end of 2009. The negotiations covered both mitigating and adapting to climate change – two facets that must be addressed simultaneously and urgently. An infusion of financial resources and investment, as well as technology development and transfer (sharing expertise and technology among nations and regions), were recognized as key issues.

Severing the link between energy use and greenhouse gas emissions will require more efficient technologies for the supply and use of energy and a transition to cleaner and renewable energy sources. In response to the growing demand for energy worldwide, large investments in energy projects are expected over the coming years. It is important to act now. The investments made today will determine the pattern of greenhouse gas emissions for decades to come.

Success in limiting ozone-depleting substances is also helping to mitigate climate change

Consumption of all ozone depleting substances (ODSs) and chlorofluorocarbons (CFCs), 1986-2006 (Thousands of metric tons of ozone-depleting potential)



The Montreal Protocol has resulted in the phasing out of over 96 per cent of all ozone-depleting substances (ODSs). This quantitative success in the protection of the ozone layer has also achieved important climate benefits because many ozone depleting substances controlled under the Protocol are also potent greenhouse gases. It is estimated that, without the worldwide effort to protect the ozone layer, the greenhouse effect of global ODS emissions would have equalled carbon dioxide emissions, currently the greenhouse gas contributing most significantly to climate change.

In September 2007, the 20th anniversary of the Montreal Protocol, governments acknowledged the dual benefit to both ozone protection and climate change by agreeing to advance by up to 10 years the final phase-out date for hydrochlorofluorocarbons (HCFCs), currently the most widely used ozone-depleting substance. They also agreed to provide sufficient and stable funding to developing countries to achieve the accelerated phase out.

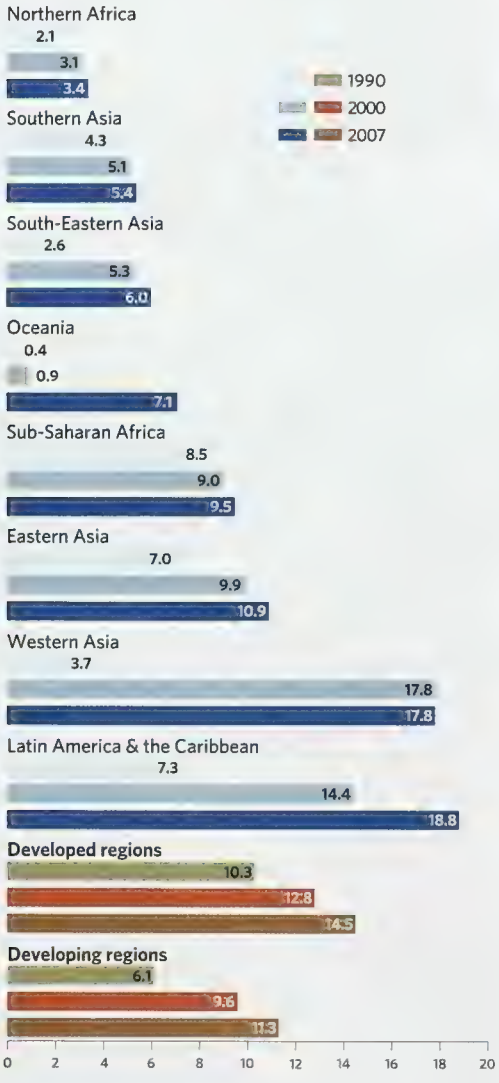
TARGET

Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

In response to the loss of global biodiversity, the international community has encouraged land and marine protection. As a result, about 21 million square kilometres of land and sea (out to 12 nautical miles) were put under protection by 2007. Despite their importance to the sustainability of fish stocks and coastal livelihoods, only 0.7 per cent of the world's oceans – about 2 million square kilometres – were protected. Moreover, protection alone is insufficient: all protected areas must also be managed effectively for conservation.

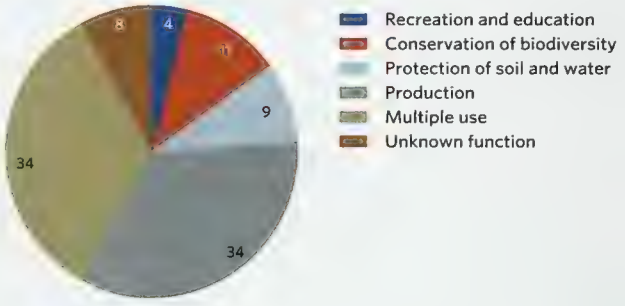
Marine areas and land conservation need greater attention

Proportion of terrestrial and marine areas protected, 1990, 2000 and 2007 (Percentage)



Deforestation slows and more forests are designated for biodiversity conservation

Proportion of total forest area by designated function, 2005 (Percentage)

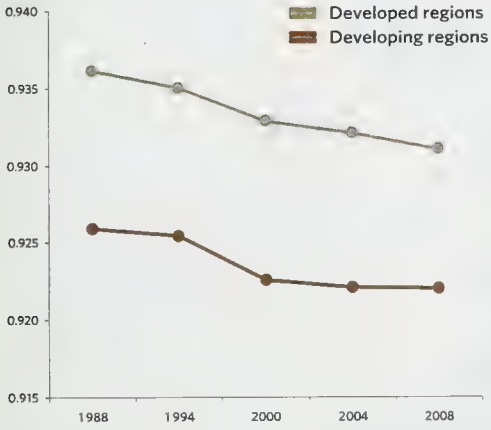


Deforestation continues to pose serious challenges, even though the net loss of forest area is slowing down. Because of a rise in forest planting, landscape restoration and the natural expansion of forests, deforestation of about 13 million hectares per year resulted in an estimated net decline of 7.3 million hectares of forest area per year over the period 2000-2005, compared to 8.9 million hectares annually in the previous decade.

Forests play a crucial role in mitigating climate change. They also conserve biodiversity, soil and water resources and, when managed sustainably, can strengthen local and national economies and promote the well-being of present and future generations. The total forest area designated primarily for biodiversity conservation has increased by an estimated 96 million hectares, or almost one third, since 1990, and now accounts for over one tenth of the total forest area. In addition to these protected forests, the conservation of forest ecosystems and the flora and fauna in other forested areas is also increasing. The percentage of forest designated for protection of soil and water resources has also increased – from 8 per cent in 1990 to 9 per cent in 2005, which is equivalent to an increase of more than 50 million hectares since 1990.

The number of species threatened with extinction is rising rapidly

Proportion of all species expected to remain extant in the near future in the absence of additional conservation action, 1998-2008 (IUCN Red List Index values for all bird species)

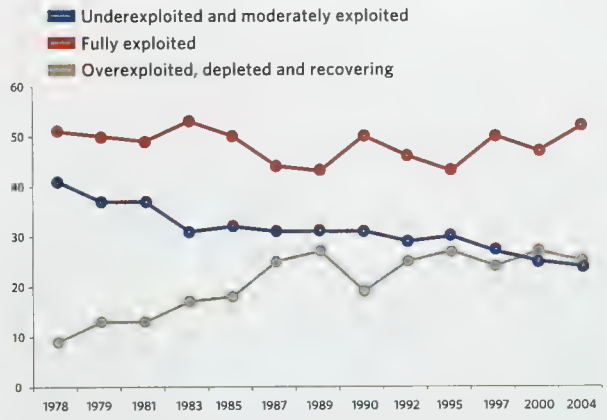


Trends in extinction risks can be measured by the International Union for Conservation of Nature Red List Index, which shows the net balance between genuine improvements in the status of species (as measured by changes in their categories on the IUCN Red List), such as those resulting from successful conservation, and deteriorations in their status, such as a declining population size. The index does not include changes due to a revised taxonomy or improved knowledge. The index for birds shows that they are least threatened in Northern Africa and Western Asia, and most threatened in Oceania, where island species are often susceptible to invasive species that humans have deliberately or inadvertently introduced. Sharp deteriorations in the status of birds in South-Eastern Asia recently have been driven by the rapid deforestation of the region's Sundaic lowlands.

At present, data are most comprehensive for birds, which are a useful, though imperfect indicator of trends in other forms of biodiversity. Several other classes of organisms, such as mammals, amphibians, cycads and conifers have been found to be even more threatened than birds.

Fish stocks require improved fisheries management to reduce depletion

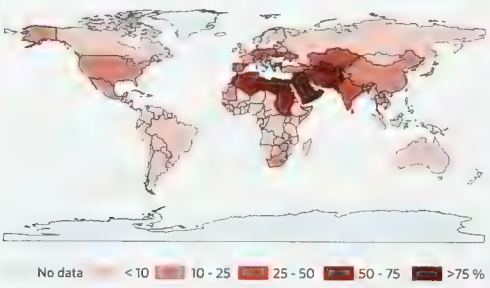
Status of exploited fish stocks, 1978-2004 (Percentage)



The proportion of overexploited and depleted stocks in marine capture fisheries has increased slightly over the past 20 years, while the proportion of underexploited and moderately exploited stocks has decreased. Total catches have been maintained at roughly the same level through the use of new resources, but this may become increasingly difficult. Major efforts to improve fisheries management are needed to improve the productive capacity of exploited stocks. Management action is also required to mitigate the impact of fisheries on aquatic ecosystems. These concerns can be addressed through the adoption of a holistic, participatory ecosystem approach to fisheries management. A number of initiatives have taken hold in this direction, such as reducing total allowable catches of commercial species, reducing bycatch of vulnerable species (for example, seabirds and sea turtles), and establishing marine protected areas. However, reducing fishing capacity remains a key objective of global fisheries management.

Almost half of the world's population face a scarcity of water

Surface water and ground water withdrawal as percentage of total actual renewable water resources (around 2000)



Water use has grown at more than twice the rate of the population for the past century. Although there is not yet a global water shortage, about 2.8 billion people, representing more than 40 per cent of the world's population, live in river basins with some form of water scarcity. More than 1.2 billion of them live under conditions of physical water scarcity, which occurs when more than 75 per cent of the river flows are withdrawn. Northern Africa and Western Asia are seriously compromised, as are some regions within large countries such as China and India. Symptoms include environmental degradation and competition for water. Another 1.6 billion people live in areas of economic water scarcity, where human, institutional and financial capital limit access to water, even though water in nature is available locally to meet human demands. These conditions are prevalent in much of Southern Asia and sub-Saharan Africa. Symptoms include lack of or underdeveloped water infrastructure, high vulnerability to short- and long-term drought, and difficult access to reliable water supplies, especially for rural people.

TARGET

Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

More people are using improved sanitation facilities, but meeting the target will require a redoubling of efforts

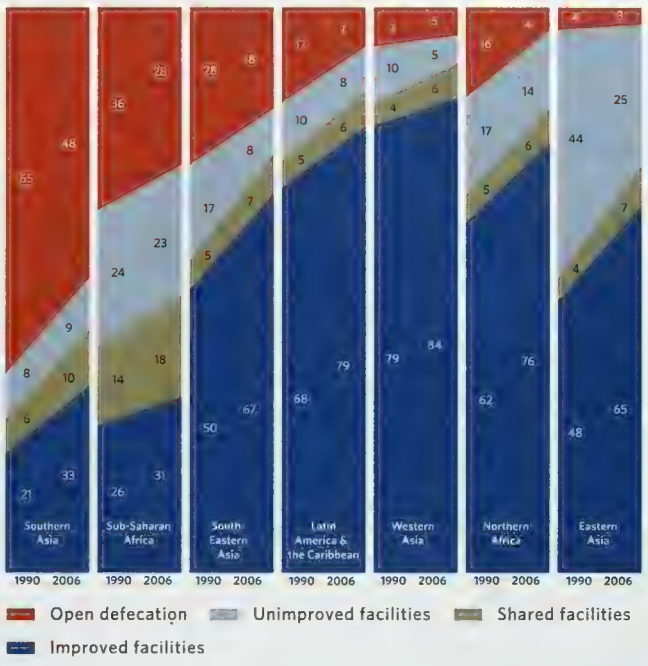
Proportion of population using an improved sanitation facility, 1990, 2000 and 2006 (Percentage)

Since 1990, the number of people in developing regions using improved sanitation facilities has increased by 1.1 billion, with significant improvements in South-Eastern and Eastern Asia. Nevertheless, in order to meet the target, the number of people using improved sanitation facilities must increase by about 1.6 billion in the next seven years, substantially more than the growth achieved since 1990. Some 2.5 billion people remain without improved sanitation – more than one billion in Asia and another half billion in sub-Saharan Africa. In 2006, there were 54 countries where less than half the population used an improved sanitation facility; three-quarters of those countries were in sub-Saharan Africa.

Roughly half the world's population now live in rural areas. Nevertheless, rural dwellers represent more than 70 per cent of the people without improved sanitation. In urban areas, improvements in sanitation have failed to keep pace with population growth. In 21 countries in sub-Saharan Africa, only 16 per cent of the poorest quintile of the population have access to improved sanitation, compared to 79 per cent of the population in the richest quintile.

In developing regions, nearly one in four uses no form of sanitation

Proportion of population by sanitation practices, 1990 and 2006 (Percentage)

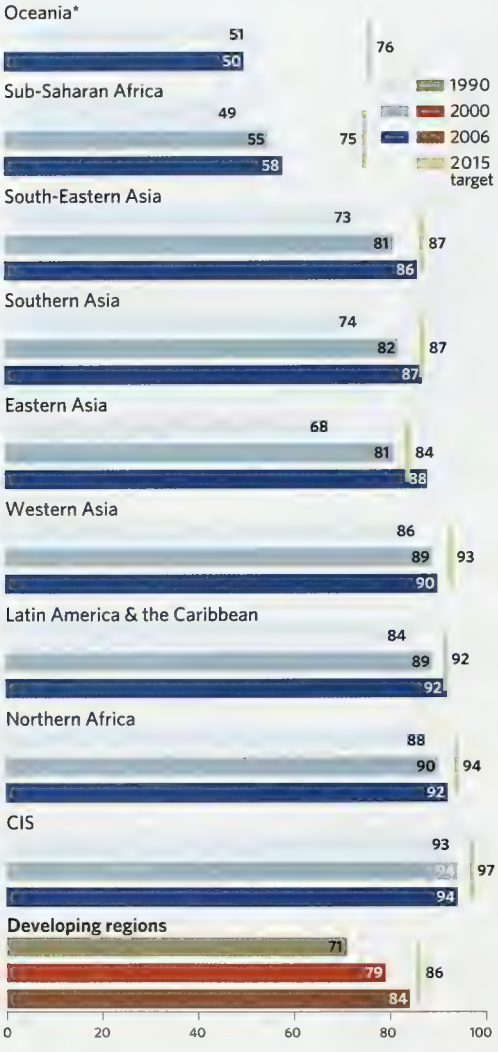


Almost a quarter of the developing world's population live without any form of sanitation. An additional 15 per cent use sanitation facilities that do not ensure hygienic separation of human waste from human contact. Open defecation jeopardizes an entire community, not just those who practise it, because of an increased risk of diarrhoeal diseases, cholera, worm infestations, hepatitis and related diseases.

While open defecation is declining in all regions, it continues to be practised by almost half the population in Southern Asia and more than a quarter of those living in sub-Saharan Africa. Of the 1.2 billion people worldwide who practise open defecation, more than one billion live in rural areas.

Though access to improved drinking water has expanded, nearly one billion people do without

Proportion of population using an improved drinking water source, 1990, 2000 and 2006 (Percentage)



* Data are not available for 2000

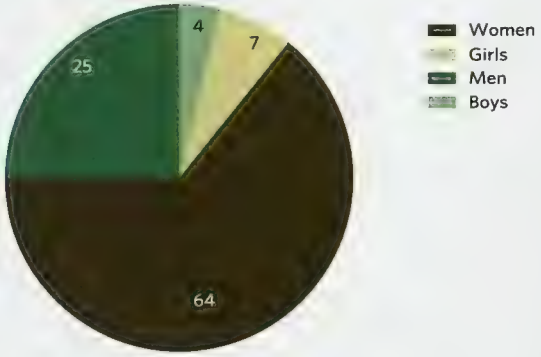
Since 1990, 1.6 billion people have gained access to safe water. At this rate, the world is expected to meet the drinking water target, which would require that 89 per cent of the population of developing regions use improved sources of drinking water by 2015. Still, nearly one billion people today lack safe sources of drinking water.

Progress has been most pronounced in Eastern Asia, where over 400 million people have gained access to improved drinking water sources and coverage has grown by 20 per cent since 1990. Less progress has taken place in sub-Saharan Africa, which now accounts for more than a third of those without improved drinking water supplies and requires a jumpstart to meet the target.

In 2006, an improved drinking water source was available to 96 per cent of the urban population in developing regions, but only 78 per cent of rural inhabitants. Some 742 million rural people lived without access to improved drinking water, compared to 137 million urban residents. The same disparity applies to piped drinking water, with only 30 per cent of piped drinking-water connections in rural households.

Women shoulder the largest burden in collecting water

Member of the household usually collecting water, 2005/2006 (Percentage)



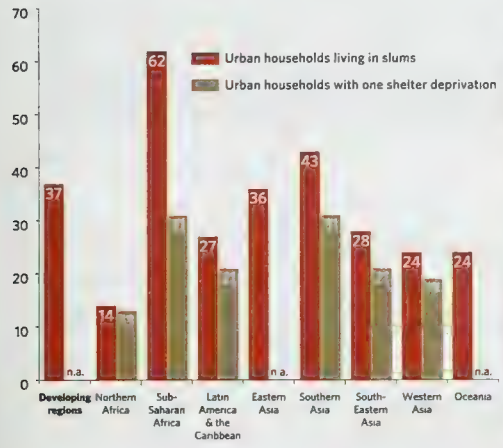
Recent findings confirm anecdotal evidence that women shoulder the bulk of responsibility for collecting water when none is available on the premises. Women are more than twice as likely as men to collect water, while children usually collect water in 11 per cent of households. More girls than boys fetch water.

TARGET

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Simple, low-cost interventions could significantly improve the lives of many slum dwellers

Urban households living in slum conditions and with one shelter deprivation, 2005 (Percentage)



The lack of improved sanitation and water facilities are two of the four defining characteristics of urban slums. The others are durable housing and sufficient living area. In 2005, slightly more than one third of the urban population in developing regions lived in slum conditions; in sub-Saharan Africa, the proportion was over 60 per cent.

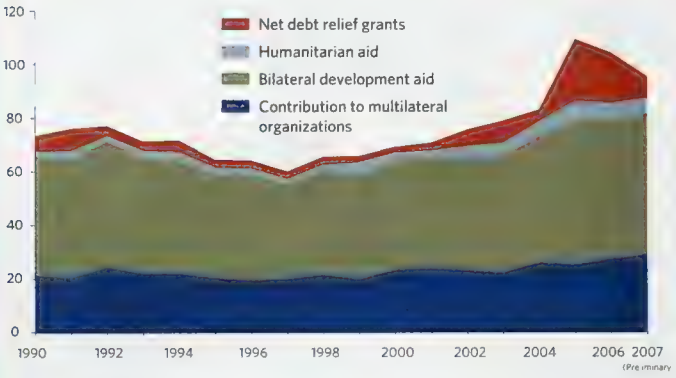
In sub-Saharan Africa, half of the slum households suffered from two or more shelter deprivations, lacking a combination of access to improved water, improved sanitation, durable housing or sufficient living area. In this region, improvement in the lives of slum dwellers will require large investments.

In many countries in Northern Africa, Asia and Latin America, the vast majority of slum households suffer from only one shelter deprivation. Northern Africa not only has the lowest slum concentration, but nine out of 10 slum households lack only improved sanitation or sufficient living area. The homes of nearly three quarters of slum households in Asia also have only one slum characteristic, usually either insufficient living area or non-durable housing. Even in sub-Saharan Africa, there are slum households that lack just one service, often improved sanitation. Simple, low-cost interventions to correct these specific deficiencies would go a long way towards improving the lives of many slums dwellers.

Goal 8
Develop a global partnership for development

Development aid falls for the second year, jeopardizing commitments for 2010

Official development assistance from OECD-DAC countries, 1990-2007
(Billions of constant 2006 United States dollars)



At current exchange rates, official development assistance (ODA) continued to drop from an all time high of $107.1 billion in 2005, to $104.4 billion in 2006 and $103.7 billion in 2007. This is mainly the result of a decline in debt relief grants. Adjusting for changes in prices and exchange rates, aid disbursements fell by 8.4 per cent in 2007 compared to 2006. Excluding debt relief grants, net aid rose by 2.4 per cent in constant dollars.

At the 2005 United Nations World Summit and related meetings, developed countries pledged to increase aid from $80 billion in 2004 to $130 billion in 2010 at 2004 prices. While the majority of these commitments remain in force, a few countries have announced new targets – some involving increased aid flows and others suggesting reductions. With debt relief grants unlikely to return to 2005 or 2006 levels, bilateral aid and contributions to multilateral development institutions will need to increase rapidly over the next three years if developed countries are to meet their commitments for 2010. Even a sudden escalation of aid flows will not compensate for the failure to provide the continuous and predictable build-up in official development assistance that was implicit in their 2005 commitments.

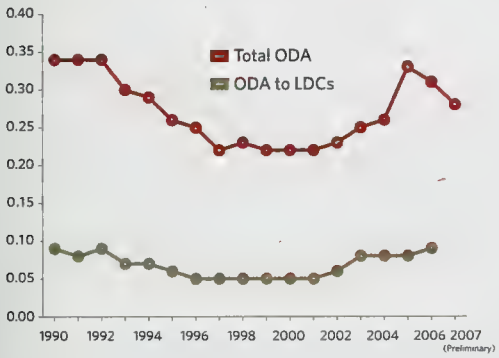
Non-governmental organizations, the private sector and a number of developing countries are becoming increasingly significant sources of development assistance. Special purpose funds – such as the Global Fund to Fight AIDS, Tuberculosis and Malaria – have become important channels for some of these resources.

TARGET

Address the special needs of the least developed countries, landlocked countries and small island developing states

Development assistance will have to increase substantially to double aid to Africa by 2010

Net official development assistance from OECD-DAC countries as a proportion of donors' gross national income, 1990-2007 (Percentage)



Total aid remains well below the United Nations target of 0.7 per cent of the gross national income (GNI) of the members of the Development Assistance Committee of the OECD. Denmark, Luxembourg, the Netherlands, Norway and Sweden were the only countries to reach or exceed this target in 2007. For the developed countries as a group, official development assistance fell to 0.28 per cent of their combined gross national income in 2007.

The least developed countries (LDCs) receive about a third of all aid. Since 2000, official development assistance to these countries has grown faster than developed countries' gross national income, but still misses the target of 0.15-0.20 per cent of GNI by 2010 included in the Brussels Programme of Action for the Least Developed Countries.

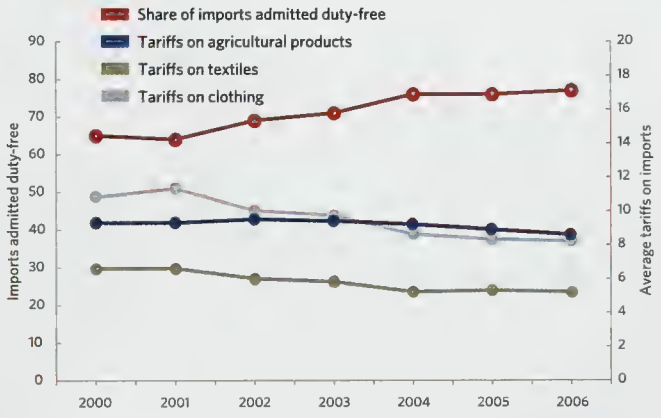
At their 2005 Gleneagles summit, the Group of 8 industrialized nations predicted that their commitments, along with those of other donors, would double official development assistance to Africa by 2010. Excluding the substantial debt relief to the region, notably for Nigeria, preliminary data show that bilateral official development assistance to Africa rose by 9 per cent in real terms in 2007. Despite this increase, an even more rapid rise in aid to Africa is necessary to reach the Gleneagles projection for 2010.

TARGET

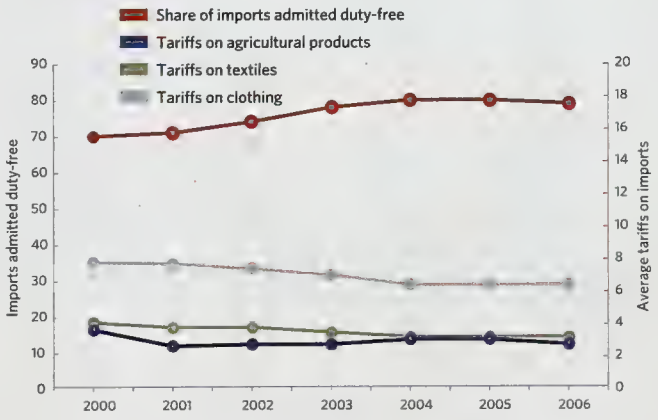
Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Market access for most developing countries is little improved

Proportion of developed country imports from developing countries, excluding arms and oil, admitted free of duty and developed countries' average tariffs on imports of key products from developing countries, 2000-2006 (Percentage)



Proportion of developed country imports from the least developed countries (LDCs), excluding arms and oil, admitted free of duty and developed countries' average tariffs on imports of key products from the least developed countries (LDCs), 2000-2006 (Percentage)



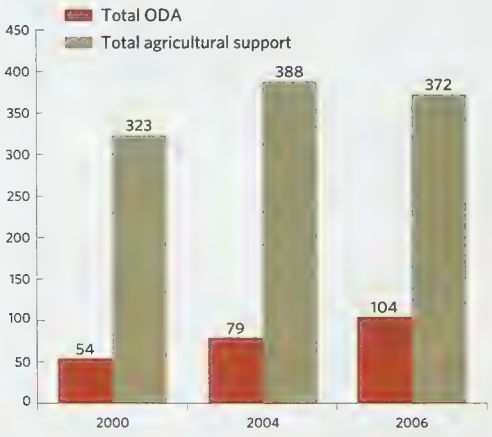
There has been little progress recently in reducing the barriers to exports from developing countries to developed countries. The 2005 World Trade Organization Agreement on Textiles and Clothing liberalized trade in those sectors, benefiting some developing and least developed countries while hurting others, including several least developed countries in Africa and upper-middle-income countries in Eastern Asia. In December 2005,

the developed country members of the World Trade Organization vowed that, by 2008, they would make at least 97 per cent of their tariff lines duty-free and quota-free for imports originating from least developed countries.

Although several unilateral agreements that benefit developing countries have been extended or converted into regional or bilateral trade agreements, no major new initiatives favour developing countries as a group. Excluding arms and oil, the proportion of developing countries' exports that have duty-free access to developed countries' markets has remained largely unchanged since 2004; it even fell slightly in the case of least developed countries. Preferential duty-free market access and low rates of average applied tariffs on various labour-intensive products, such as some agricultural goods, textiles and clothing, have had a positive impact on LDCs. However, the proliferation of preferential trading schemes between developed countries and non-LDC developing countries is eroding the margin of preference that LDC exports receive in developed markets.

Domestic agricultural subsidies by rich countries overshadow money spent on development aid

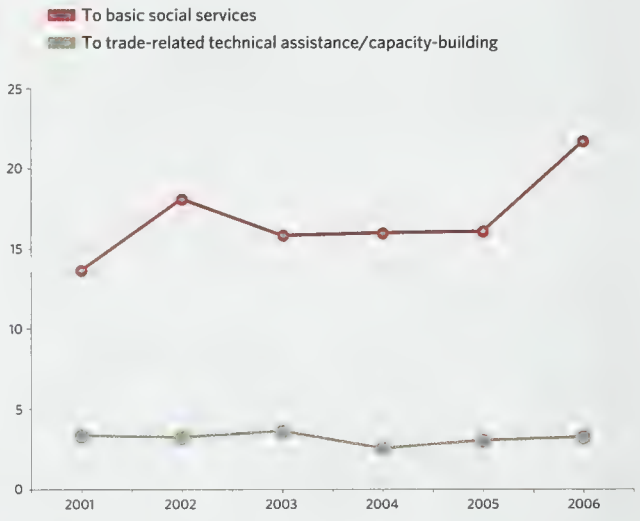
Official development assistance from OECD-DAC countries and agricultural support in OECD countries, 2000, 2004 and 2006 (Billions of United States dollars)



The global food crisis is partly the result of domestic agricultural subsidies and tariff protection by developed countries, which for many years have discouraged agricultural production in developing countries. Developed countries' total support to their own domestic agricultural sectors grew by some $65 billion between 2000 and 2004, before being cut by $16 billion in 2006. Nevertheless, at $372 billion, such expenditures remained more than three times higher than the official development assistance of developed countries. The support provided by developed countries to their own agricultural sector has continued at a time when developing countries have been encouraged to end all public support to their agriculture. This acts as a disincentive to agricultural production in developing regions and undermines official development assistance's broad objective of supporting development.

Trade-related assistance needs to be increased

Proportion of total bilateral, sector-allocable ODA of OECD-DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) and trade-related technical assistance and capacity-building, 2001-2006 (Percentage)



To accelerate their development through enhancing production and trading capacities, developing countries need technical and other forms of assistance such as the development of infrastructure. This is particularly true for the least developed countries.

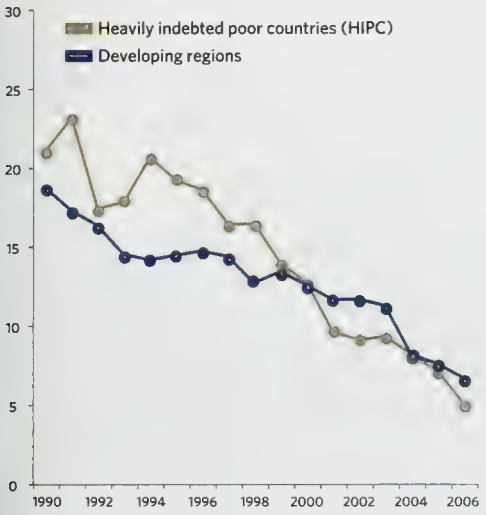
Many donor countries have paid more attention to the sectors addressed by the Millennium Development Goals, but less so to technical cooperation to boost production and trade. Technical cooperation for building trade capacity, for example, fell from 3.6 per cent to 3.2 per cent of total aid between 2003 and 2006. Providing assistance in pursuit of the Millennium Development Goals will require delivery of the additional ODA that has been promised, and cannot be achieved by reallocating resources among different sectors.

TARGET

Deal comprehensively with developing countries' debt

Developing countries are shouldering less debt

External debt service payments as proportion of export revenues, 1990-2006 (Percentage)



By the end of June 2008, 33 of 41 eligible countries had qualified for debt relief under the Heavily Indebted Poor Countries (HIPC) Initiative. Of these 33 countries, 23 had reached their 'completion point', meaning that all the conditions for debt relief had been fulfilled and that relief becomes irrevocable. Together, these countries had received committed debt relief of $48.2 billion in 2006 present-value terms. Post-completion-point countries also received additional assistance of $21.2 billion under the Multilateral Debt Relief Initiative (MDRI), further reducing their debt service. Meanwhile, the value of exports of low-income economies has increased by more than 65 per cent since 2004, giving them more resources with which to service their diminished debt. For the average developing country, the burden of servicing external debt fell from almost 13 per cent of export earnings in 2000 to 7 per cent in 2006. It is expected to fall further in 2007, creating a more favourable environment for investment.

TARGET

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Poor availability and high prices are barriers to access to essential drugs in developing countries

Pharmaceutical companies, ranging from multinationals to generic manufacturers to national distributors, are critical in ensuring that people have access to affordable drugs. For their part, governments need to define national goals and objectives for the pharmaceutical sector and to identify strategies to meet them. Most developing countries have a National Medicines Policy, but more than half of these policies have not been revised in the past five years and need updating. Nearly all developing countries also have a published Essential Medicines List – a government-approved list of medicines that are intended to be available within the public health system at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford. However, in most developing countries the availability of medicines at public health facilities, where they are usually provided at a low cost or free-of-charge, is often very poor. This is due to a combination of factors such as inadequate funding, lack of incentives for maintaining stocks, inability to forecast accurately, and inefficiencies in procurement, supply and distribution. International health funds, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, have become important channels for improving the procurement and distribution of HIV, tuberculosis and malaria medicines to public health facilities.

In all regions, availability is better in the private sector, but can still be poor. Surveys in about 30 developing countries indicate that availability of selected drugs was only 35 per cent in the public sector and 63 per cent in the private sector. In a sample of six countries in Eastern, South-Eastern and Southern Asia, availability in the private sector was only 45 per cent.

Some pharmaceutical manufacturers have lowered their prices to public health systems in developing countries to accord with the purchasing power of governments and households. However, the poor availability of medicines in the public sector often forces patients to purchase medicines in the private sector where prices are still higher. Even generic medicines acquired in the private sector are often several times their international reference price, and the prices of originator brand medicines are generally much higher. In the 33 developing countries for which data are available, lowest-priced generic medicines in the private sector cost over six times international reference prices. Some countries have attempted to make private sector mark-ups transparent, while others have regulated them.

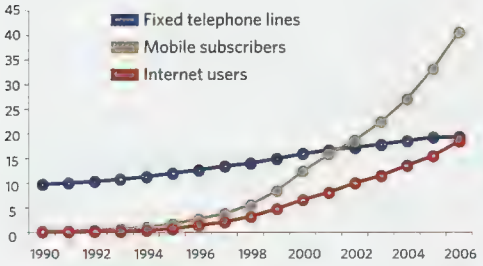
Generic drugs offer an alternative to higher priced original and brand-named medicines. Options to promote the use of generics include allowing pharmacists to dispense a generic product in place of the originator brand listed on the prescription. Less than three quarters of developing countries have generic substitution policies. Other strategies for increasing the use of generic medicines include preferential registration procedures, encouraging price competition, and increasing the confidence of physicians, pharmacists, and patients in the quality of generic medicines.

TARGET

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Mobile phones are expanding communications in developing countries

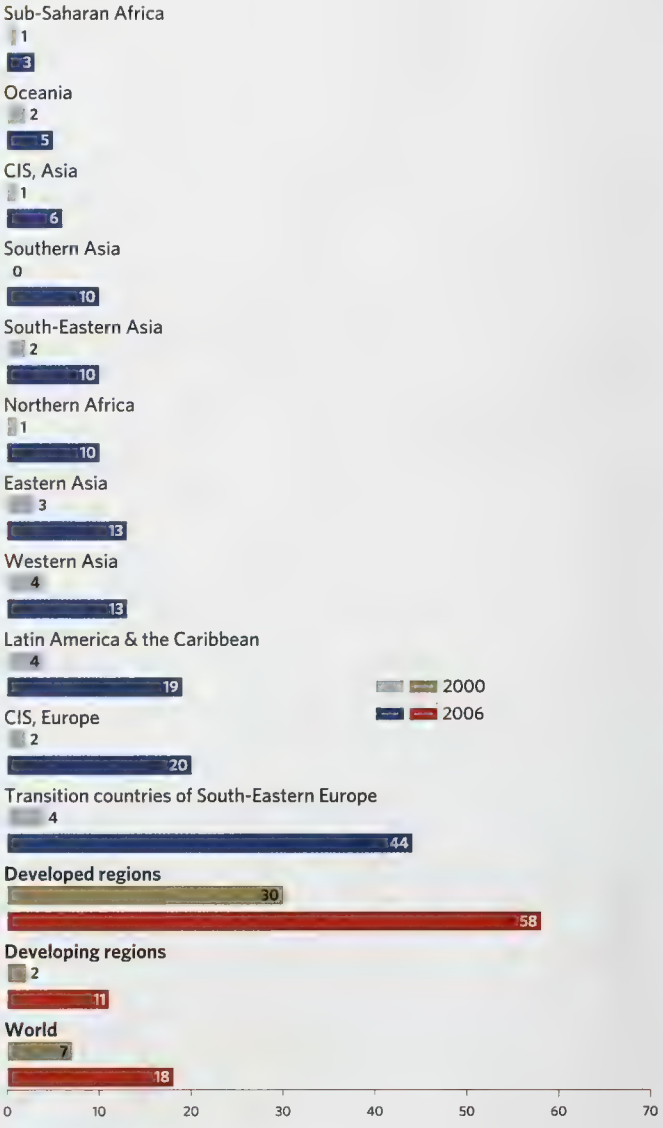
Number of telephone subscriptions and Internet connections per 100 population, world, 1990-2006



The number of fixed and mobile telephone subscribers jumped from 530 million in 1990 to over 4 billion by the end of 2006. Mobile phone use soared, with more than 500 million subscribers added since 2005, bringing the total to more than 2.7 billion by the end of 2006. Growth has been strongest in regions with few fixed telephone lines. In Africa, over 60 million new mobile subscribers were added in 2006, and almost every country now has more mobile than fixed telephone subscribers. With around 200 million subscribers by the end of 2006, 22 per cent of Africa's population had a mobile phone, compared to 3 per cent with fixed telephone lines and 5 per cent who are Internet users. With technological developments and the deployment of wireless broadband technologies, there are new opportunities to close the communications gap between developing and developed countries.

Internet use is increasing rapidly, but the poorest regions lag behind

Number of Internet users per 100 population, 2000 and 2006



Providing Internet connectivity to the developing world will help realize goals for health, education, employment and poverty reduction. By the end of 2006, 1.2 billion people were connected to the Internet – just over 18 per cent of the world's population. But the digital divide is still wide.

In developed countries, 58 per cent of the population were using the Internet in 2006, compared to 11 per cent in developing countries and only 1 per cent in the least developed countries. Broadband access, which has spurred Internet use in developed countries, has been slow to expand in many developing regions. By 2006, most countries in sub-Saharan Africa had not yet commercially deployed broadband services and, where available, broadband remained inaccessible to the majority of the population because of its high cost.

A note to the reader

Measuring progress towards the MDGs

In the United Nations Millennium Declaration of September 2000, leaders from 189 nations embraced a vision for a world in which developed and developing countries would work in partnership for the betterment of all, particularly the most disadvantaged. To provide a framework by which progress could be measured, this vision was transformed into eight Millennium Development Goals, 18 targets and 48 indicators. In 2007, this monitoring framework was revised to include four new targets agreed to by member states at the 2005 World Summit; additional indicators to track progress towards the new targets were also identified.

This report presents an assessment of progress, based on data available as of June 2008 on all official MDG indicators, including the new ones introduced. The aggregate figures in the report provide an overall assessment of regional progress under the eight goals and are a convenient way to track advances over time. However, the situation in individual countries within a given region may vary significantly from the regional figures. The baseline for the assessment is 1990, but data for 2000 are also presented, whenever possible, to provide a more detailed picture of progress since the Declaration was signed.

The basis for this analysis

This analysis is based on regional and subregional figures compiled by the United Nations Inter-Agency and Expert Group on MDG Indicators. In general, the figures are weighted averages of country data, using the population of reference as a weight. To ensure comparability across countries and regions, the data are those used by international agencies within their area of expertise (see inside front cover for a list of the contributing organizations). For each indicator, individual agencies were designated to be the official providers of data and to take the lead in developing methodologies for data collection and analysis.

Data are typically drawn from official statistics provided by governments to the international agencies responsible for the indicator. This is done through periodic data collection from ministries and national statistical offices around the globe.

To fill in frequent data gaps, many of the indicators are supplemented by or derived exclusively from data collected through surveys sponsored and carried out by international agencies. These include many of the health indicators, which are compiled, for the most part, from Multiple Indicator Cluster Surveys and Demographic and Health Surveys.

In some cases, countries may have more recent data that have not yet become available to the relevant specialized agency. In other cases, countries do not produce the data required to compile the indicator, and the responsible international agencies estimate the missing values. Finally, even when countries produce the necessary data, adjustments are often needed to ensure international comparability. Data in international sources therefore often differ from those available within countries.

The United Nations Statistics Division maintains the official website of the Inter-Agency and Expert Group on MDG Indicators and its database – accessible at mdgs.un.org. In an effort to improve transparency, the country data series in the database are given colour codes to indicate whether the figures are estimated or provided by national agencies; they are also accompanied by metadata with a complete explanation of how the indicators are produced and of the methodologies used for regional aggregates.

Discrepancies across sources and gaps in national data have raised concerns in the statistical community. Numerous interventions have recently been launched to reconcile national and international monitoring and to resolve the differences in methods and definitions used by different agencies within countries and in international agencies. Work is under way in countries to improve the availability of the necessary data, the coordination of national statistical systems and the mechanisms for reporting to international statistical agencies.

Building stronger statistical systems

These efforts to measure, monitor and report on progress towards the MDGs have highlighted the need to improve most developing countries' capacity to produce, analyse and disseminate data. Since periodic assessment of the MDGs began over five years ago, a number of initiatives have been launched in this direction. The 2004 Marrakech Action Plan for Statistics, adopted by aid recipients and donor stakeholders at the Second International Roundtable on Managing for Development Results, was a major step towards assisting developing countries in strengthening their statistical capacity. The Inter-Agency and Expert Group on MDG Indicators is also addressing statistical capacity-building: together with international agencies, donors and representatives from national statistical offices, the Group is identifying national priorities and making recommendations for improvements in the delivery and coordination of statistical assistance to countries. In 2006, the United Nations Economic and Social Council endorsed a resolution adopted by the United Nations Statistical Commission, comprised of representatives of national statistical services, highlighting the urgent need to build statistical capacity in countries where resources are limited.

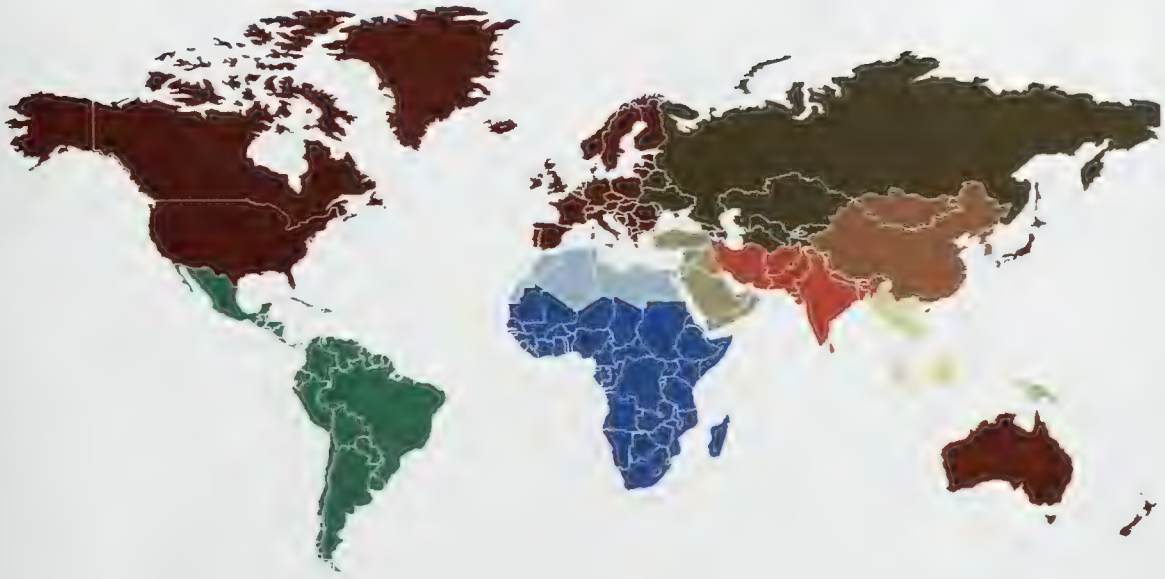
Building such capacity will require increased and better coordinated financial and technical support from the international community. Achieving success will depend on country ownership and government commitment to spur the institutional changes needed to ensure the sustainability of capacity-building initiatives.

[1] General Assembly resolution 60/1, 2005 World Summit Outcome.

[2] The new MDG monitoring framework is available at http://mdgs.un.org

[3] Given the time lag between collecting data and analysing them, few indicators have data for the current year or 2007.

Regional groupings



- Developed regions
- Countries of the Commonwealth of Independent States (CIS)
- Northern Africa
- Sub-Saharan Africa
- South-Eastern Asia
- Oceania
- Eastern Asia
- Southern Asia
- Western Asia
- Latin America & the Caribbean

This report presents data on progress towards the Millennium Development Goals for the world as a whole and for various country groupings. These are classified as 'developing' regions, the transition economies of the Commonwealth of Independent States (CIS) in Asia and Europe, and the 'developed' regions.[1] The developing regions are further broken down into the subregions shown on the map above. These regional groupings are based on United Nations geographical divisions, with some modifications necessary to create, to the extent possible, groups of countries for which a meaningful analysis can be carried out. A complete list of countries included in each region and subregion is available at mdgs.un.org.

[1] Since there is no established convention for the designation of 'developed' and 'developing' countries or areas in the United Nations system, this distinction is made for the purposes of statistical analysis only

The designations employed and the presentation of the material in the present publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries

For more information:
Visit the UN Statistics Division Millennium Development Goals website at
mdgs.un.org

Visit the UN Millennium Development Goals website at
www.un.org/millenniumgoals

Visit the UN Millennium Campaign Office website at
www.millenniumcampaign.org

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Millennium Development Goals: 2008 Progress Chart

In 2000, all 189 Member States of the United Nations adopted the Millennium Declaration. The Declaration set out a collective vision for the future: a world with less poverty, hunger and disease, greater survival prospects for mothers and their infants, education for all, equal opportunities for women, an improved progress towards a number of the key targets relating to each Goal. Trends are assessed on the basis of data between 1990 and the most recent year for which information was available as of June 2008, when this chart was prepared.

Millennium Development Goals: 2008 Progress Chart

In 2000, all 189 Member States of the United Nations adopted the Millennium Declaration. The Declaration set out a vision for the future: a world without poverty, but plagued by many other problems. It committed governments to improving not only incomes, education and equal opportunities for women, but also the physical environment and a partnership between developed and developing countries to achieve these objectives. The eight Millennium Development Goals provide a framework for monitoring the ways in which progress towards the fulfilment of the commitments of the Millennium Declaration is being measured.

The Declaration established 2015 as the target date for achievement of most of its quantified commitments. Half the period to the target date has now passed. This chart provides an assessment of progress towards a number of the key targets relating to each Goal. Trends are assessed on the basis of data between 1990 and the most recent year for which information was available as of June 2008, when this chart was prepared.

ENDPOVERTY2015 MILLENNIUM DEVELOPMENT GOALS *Make it happen*

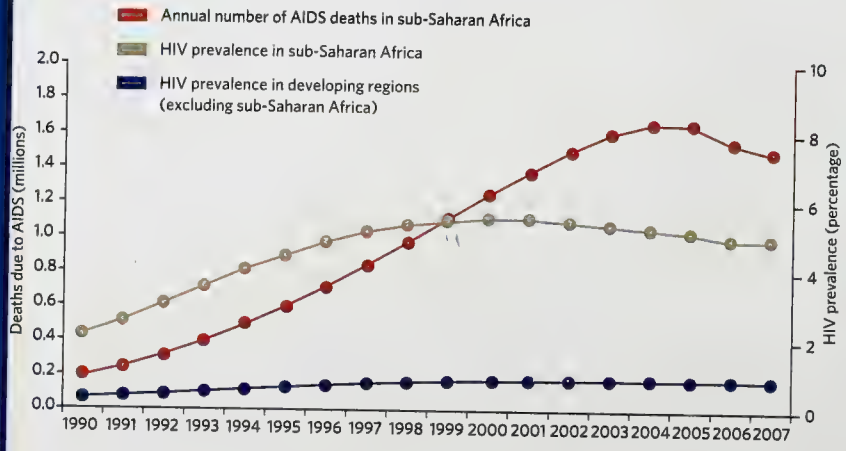
Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean	Commonwealth of Independent States	
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western			Europe	Asia
GOAL 1 | Eradicate extreme poverty and hunger										
Reduce extreme poverty by half		very high poverty			very high poverty			moderate poverty		
Productive and decent employment			large deficit in decent work for women	large deficit in decent work for women	very large deficit in decent work for women	very large deficit in decent work for women				
Reduce hunger by half		very high hunger	moderate hunger			moderate hunger	moderate hunger	moderate hunger		
GOAL 2 | Achieve universal primary education										
Universal primary schooling										
GOAL 3 | Promote gender equality and empower women										
Equal girls' enrolment in primary school										
Women's share of paid employment										
Women's equal representation in national parliaments	very low representation									
GOAL 4 | Reduce child mortality										
Reduce mortality of under-five-year-olds by two thirds	low mortality	very high mortality	low mortality	low mortality	high mortality	moderate mortality	moderate mortality	low mortality	low mortality	moderate mortality
Measles immunization	high coverage	moderate coverage	high coverage	moderate coverage	low coverage	moderate coverage	moderate coverage			
GOAL 5 | Improve maternal health										
Reduce maternal mortality by three quarters*	moderate mortality	very high mortality								
Access to reproductive health	moderate access	low access								
GOAL 6 | Combat HIV/AIDS, malaria and other diseases										
Halt and reverse spread of HIV/AIDS	low prevalence	high prevalence	low prevalence	low prevalence						
Halt and reverse spread of tuberculosis										
GOAL 7 | Ensure environmental sustainability										
Reverse loss of forests										
Halve proportion without improved drinking water										
Halve proportion without sanitation										
Improve the lives of slum-dwellers		very high proportion of slum dwellers	high proportion of slum dwellers							
GOAL 8 | Develop a global partnership for development										
Internet users	moderate usage	very low usage	moderate usage	low usage	low usage	moderate usage	low usage	high usage	high usage	low usage

[illegible] progress towards the target according to the legend below.

[illegible]

6 Combat HIV/AIDS, malaria & other diseases

Despite small victories, AIDS continues to take a terrible toll, especially in sub-Saharan Africa

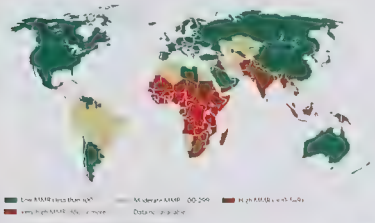


HIV prevalence in adults aged 15-49 years in developing regions and in sub-Saharan Africa (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2007

Every day, nearly 7,500 people become infected with HIV and 5,500 die from AIDS, mostly due to a lack of HIV prevention and treatment services. Despite these staggering numbers, some encouraging developments have sparked small victories in the battle against AIDS.

5 Improve maternal health

The high risk of dying in pregnancy or childbirth continues unabated in sub-Saharan Africa and Southern Asia

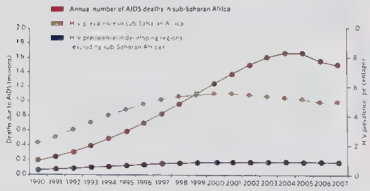


Maternal deaths per 100 000 live births, 2005

Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than 500 000 women died during pregnancy, childbirth or in the six weeks after delivery. Ninety-nine per cent of these deaths occurred in the developing regions, with sub-Saharan Africa and Southern Asia accounting for 86 per cent of them. In sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7 300 in the developed regions.

6 Combat HIV/AIDS, malaria & other diseases

Despite small victories, AIDS continues to take a terrible toll, especially in sub-Saharan Africa


Annual number of AIDS deaths in sub-Saharan Africa
HIV prevalence in sub-Saharan Africa
HIV prevalence in other regions excluding sub-Saharan Africa
Deaths due to AIDS (millions)
HIV prevalence (percentage)
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007

HIV prevalence in adults aged 15-49 years in developing regions and in sub-Saharan Africa (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2007

Every day, nearly 7,500 people become infected with HIV and 5 500 die from AIDS, mostly due to a lack of HIV prevention and treatment services. Despite these staggering numbers, some encouraging developments have sparked small victories in the battle against AIDS.

Thanks to improvements in prevention programmes, the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. And with the expansion of antiretroviral treatment services, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2.0 million in 2007. However, largely because newly infected people survive longer, the number of people living with HIV rose from an estimated 29.5 million in 2001 to 33 million in 2007. The vast majority of those living with HIV are in sub-Saharan Africa.

7 Ensure environmental sustainability

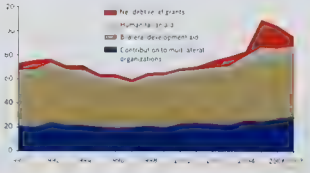
Immediate action is needed to contain rising greenhouse gas emissions

Emissions of carbon dioxide, 1990, 2000 and 2005 (Billions of metric tons)

In 2007, the Fourth Assessment Report of the Intergovernmental Panel on Climate Change made it abundantly clear that the climate is warming and most of the observed increase in globally averaged temperatures since the mid-20th century is very likely due to the observed increase in anthropogenic greenhouse gas. Carbon dioxide (CO_2) released by the burning of fossil fuels accounts for more than half of the global greenhouse gas emissions responsible for climate change.

8 Develop a global partnership for development

Development aid falls for the second year, jeopardizing commitments for 2010



Official development assistance from OECD-DAC countries, 1990-2007 (Billions of constant 2006 United States dollars)

At current exchange rates, official development assistance (ODA) continued to drop from an all time high of $107.1 billion in 2005, to $104.4 billion in 2006 and $103.7 billion in 2007. This is mainly the result of a decline in debt relief grants. Adjusting for changes in prices and exchange rates, aid disbursements fell by 8.4 per cent in 2007 compared to 2006. Excluding debt relief grants, net aid rose by 2.4 per cent in constant dollars.

ENDPOVERTY2015 MILLENNIUM DEVELOPMENT GOALS *Make it happen*

The Millennium Development Goals Report 2008
United Nations Statistics Division

lopment Goals Report

2008

2 Achieve universal primary education

Political will, coupled with targeted investments, have yielded widespread progress in primary school enrolment

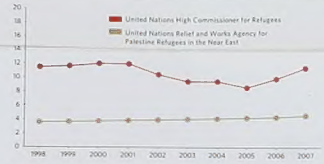
The Millennium Development Goals Report

2008

UNITED NATIONS

1 Eradicate extreme poverty & hunger

Conflict leaves many displaced and impoverished

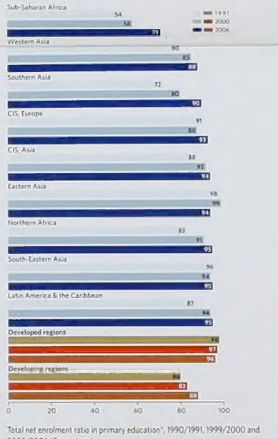


Refugees under the responsibility of the United Nations, 1998-2007 (Millions)

Conflict continues to displace people from their homes and drive them into poverty. One indication of the impact of conflict is the number of refugees worldwide, which has increased significantly over the last few years, primarily because of the conflict in Iraq. More than 42 million people are currently displaced by conflict or persecution, both within and outside the borders of their own countries. Of these, 16 million are refugees, including 11.4 million who fall under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and 4.6 million who are under the aegis of the United Nations Relief and Works Agency for Palestine Refugees in the Near East. In addition, more than 26 million people have been uprooted by violence or persecution but remain within the borders of their own countries.

2 Achieve universal primary education

Political will, coupled with targeted investments, have yielded widespread progress in primary school enrolment



Total net enrolment ratio in primary education*, 1990/1991, 1999/2000 and 2005/2006 (Percentage)

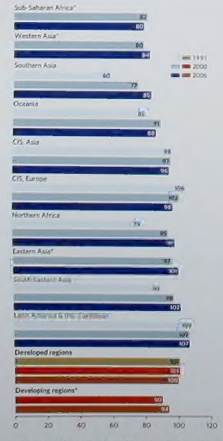
*Number of pupils of the theoretical school-age group for primary education, enrolled either in primary or secondary education, expressed as a percentage of the total population in that age group.

In almost all regions, the net enrolment ratio in 2006 exceeded 90 per cent, and many countries were close to achieving universal primary enrolment. The number of children of primary school age who were out of school fell from 103 million in 1999 to 73 million in 2006, despite an overall increase in the number of children in this age group. These successes underscore that much can be accomplished with the political will of governments and with adequate support from development partners.

In sub-Saharan Africa, however, the net enrolment ratio has only recently reached 71 per cent, even after a significant jump in enrolment that began in 2000. Around 38 million children of primary school age in this region are still out of school. In Southern Asia, the enrolment ratio has climbed to 90 per cent, yet more than 18 million children of primary school age are not enrolled.

3 Promote gender equality & empower women

Gender parity in primary school bodes well for girls' continued educational progress



Girls' secondary school enrolment in relation to boys', 1990/1991, 1999/2000 and 2005/2006 (Girls per 100 boys)

*Data are not available for 1991.

Where gender gaps in primary education have closed, girls generally continue on to secondary school, whereas some boys join the labour force. The secondary enrolment rate for girls surpasses that of boys in three regions. Boys' under-achievement is a particular concern in Latin America and the Caribbean. In contrast, where girls' primary education enrolment lags behind boys', the gender gap widens in secondary and tertiary education.

4 Reduce child mortality

Despite progress, deaths of under five children remain unacceptably high

Under-five mortality rate per 1,000 live births, 1990, 2000 and 2006

In 2006, for the first time since mortality data have been gathered, annual deaths among children under five dipped below 10 million. Nevertheless, the death of millions of children from preventable causes each year is unacceptable. A child born in a developing country is over 13 times more likely to die within the first five years of life than a child born in an industrialized country. Sub-Saharan Africa accounts for about half the deaths of children under five in the developing world.

"The Millennium Development Goals can be achieved if immediate steps are taken to implement existing commitments. Reaching our goals for development around the world is not only vital to building better, healthier and decent lives for millions of people, it is also essential to building enduring global peace and security.

Ours is the generation that can achieve the development goals and free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty."

– Report of the Secretary-General on the Work of the Organization, 2007

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